FORM APPROVED
BUDGET BUREAU NO. 70-R140

FORM NO. AA-18
(10-6)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DISTRICT MANAGER'S OFFICE
RAILROAD RETIREMENT BOARD
ROOM 315, POST OFFICE BLDG.
ALTOONA, PENNSYLVANIA

(DO NOT WRITE IN THESE SPACES)
D276439
OFFICIALLY FILED
1-26-54
W P Thomas
Field Representative
ALTOONA DIST - Reg 2

APPLICATION OF WIDOW, AND WIDOW ON BEHALF OF CHILDREN, FOR SURVIVORS INSURANCE ANNUITY

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD, 844 RUSH STREET, CHICAGO 11, ILLINOIS

THEODORE ROOSEVELT EVANS — 736-22-5076
(NAME OF DECEASED EMPLOYEE) (SOCIAL SECURITY ACCOUNT NUMBER)

I, ELVA ADALINE EVANS, hereby make application
(FIRST, MIDDLE AND LAST NAME OF APPLICANT)
for all insurance annuities payable under the provisions of the Railroad Retirement Act, as amended, to me individually and as guardian on behalf of the children listed in item 15 on this application.

PART I. INFORMATION ABOUT DECEASED

1. The deceased was born: Month APRIL Day 26 Year 1904
Place: WESTERN PORT (CITY OR TOWN) (ZONE) ALLEGANY (COUNTY) MD. (STATE) USA (COUNTRY)

2. Date of his death: Month DEC Day 14 Year 1953
Place: PAW PAW (CITY OR TOWN) (ZONE) MORGAN (COUNTY) W. VA (STATE) USA (COUNTRY)

3. The deceased was last domiciled in the State of W. VA
(PLACE WHERE A PERSON HAS HIS FIXED AND PERMANENT HOME)

4. Was the deceased in the military service of the United States after September 9, 1939? NO
(YES OR NO)

If so, give: _____ (DATE OF ENTRY) _____ (PLACE OF ENTRY) _____ (BRANCH OF SERVICE)

_____ (MILITARY ORGANIZATION OR VESSEL) _____ (SERIAL NUMBER - IF NONE, RANK)

_____ (PLACE OF DISCHARGE) _____ (DATE OF DISCHARGE)

5(a). Has any claim been filed with the Social Security Administration by the deceased or any other person(s) for benefits under the Social Security Act based on the employment of the deceased? NO
(YES OR NO)

If so, give:

NAME OF PERSON FILING CLAIM	ADDRESS

5(b). Has any claim been filed with the Railroad Retirement Board by the deceased or any other person(s for benefits under the Railroad Retirement Act based on the employment of the deceased? NO (YES OR NO) If so, give

NAME OF PERSON FILING CLAIM	ADDRESS	RRB CLAIM NO.

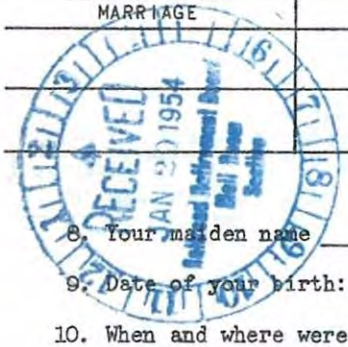
6. Give the following information for the last 30 months of employment of any type which the deceased performed:

NAME OF PERSON OR COMPANY FOR WHOM THE DECEASED WORKED	ADDRESS	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
WESTERN MARYLAND R R Co	HOMPSTEAD MD		1941	DEC	1953

(IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET)

7. Was the deceased married prior to his marriage to you? N/O (YES OR NO) If so, give:

DATE OF PRIOR MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (DEATH, DIVORCE)	DATE AND PLACE MARRI TERMINATED



PART II. INFORMATION ABOUT THE APPLICANTS

8. Your maiden name ELVA ADELAIDE SUNDERLIN

9. Date of your birth: Month OCT Day 13 Year 1909

10. When and where were you and the deceased married? Month SEPT Day 29 Year 1923

Place BERKELEY SPRINGS (CITY OR TOWN) MORGAN (COUNTY) W. VA (STATE) USA (COUNTRY)

11(a). Were you and the deceased living together at the same address at the time of his death? YES (YES OR NO)

11(b). If not, was he contributing to your support? _____ (YES OR NO) If so, state how often and in what amoun

11(c). Was he under any court order to contribute to your support? _____ (YES OR NO) (If so, copy of court ord should be furnished.)

11(d). If you were not living with the deceased at the time of his death, state the reasons _____

12. Have you remarried since the death of the employee? NO (YES OR NO)

If so, when? Month _____ Day _____ Year _____

13. Were you married prior to your marriage to the deceased? NO (YES OR NO) If so, give:

DATE OF PRIOR MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (DEATH, DIVORCE)	DATE AND PLACE MARRIAC TERMINATED

14. Do you agree to apply all payments made to you on behalf of the child or children for the use and benefit of such child or children? YES (YES OR NO)

15(a). Give below the name of each child under 18 years of age and unmarried, who survived the decease including the name of each child of the deceased by a prior marriage, stepchild, legally adopted child, an illegitimate child. (If uncertain as to names, dates of birth or whereabouts of such children, explain on a separate sheet.)

FULL NAME OF CHILD	DATE OF BIRTH MONTH	DAY	YEAR	NAME AND ADDRESS OF PERSON WITH WHOM THE CHILD WAS RESIDING AT TIME OF DECEASED'S DEATH AND RELATIONSHIP OF THAT PERSON TO THE CHILD
THEODORA LEE EVANS	FEB	9	1939	ELVA B. EVANS, PAW PAW W. VA — MOTHER

(IF YOU ARE NOT FILING THIS APPLICATION ON BEHALF OF ANY CHILD LISTED ABOVE, ATTACH A SEPARATE SHEET GIVING THE NAME OF EACH SUCH CHILD AND THE REASON(S) FOR NOT FILING. ALSO GIVE THE NAME AND DATE OF DEATH OF ANY CHILD LISTED ABOVE WHO IS NOW DECEASED.)

15(b). Are all of the children named in item 15(a) now residing with you? Yes (YES OR NO) If not, give below the name of each child not residing with you now:

FULL NAME OF CHILD	NAME AND ADDRESS OF PERSON WITH WHOM THE CHILD NOW RESIDES AND RELATIONSHIP OF THAT PERSON TO THE CHILD

16. Which, if any, of the children mentioned in item 15(a) is: (a) a stepchild of the deceased? None; (b) a child legally adopted by the deceased? None; (c) a child of the deceased legally adopted by another person? None; (d) an illegitimate child? None

17. Indicate which, if any, of the stepchildren named in item 15(a) on whose behalf this application is made, received contributions toward its support from such child's father or adopting father at the time of the deceased's death

18. Give the following information for each child listed in item 15(a) who is 16 years of age or over and attends school regularly:

NAME OF CHILD	NAME AND ADDRESS OF SCHOOL

19. Have you or any of the children on whose behalf this application is made ever had a social security account number? No (YES OR NO) If so, give the following information:

NAME AS SHOWN ON SOCIAL SECURITY ACCOUNT NUMBER CARD	SOCIAL SECURITY ACCOUNT NUMBER

20(a). Have you previously filed an application for yourself or on behalf of the children named in this application for any benefits under the Social Security Act based on employment other than that of the deceased? No (YES OR NO) If so, give:

(NAME OF WAGE EARNER ON WHOSE WAGES THE CLAIM WAS BASED)	(SOCIAL SECURITY ACCOUNT NO.)	(DATE FILED)

(CITY WHERE FILED)	(STATE)

20(b). Have you previously filed an application for benefits under the Railroad Retirement Act? No (YES OR NO) If so, give:

(NAME OF EMPLOYEE ON WHOSE SERVICE CLAIM WAS BASED)	(SOCIAL SECURITY ACCOUNT NO.)	(R.R. RETIREMENT CLAIM NO.)

21(a). Are you or any of the children for whom you are filing this application working for wages of $25.00 or more a month in employment covered by the Social Security Act? No (YES OR NO) Did you or any of the children for whom you are filing this application work for wages of at least $25.00 a month in any of the three months immediately preceding the present month? No (YES OR NO) If the answer to either of these questions is "Yes," give:

NAME OF APPLICANT	NAME AND ADDRESS OF PERSON OR COMPANY FOR WHOM APPLICANT WORKED	MONTH(S) WORKED	WAGES RECEIV

(IF ADDITIONAL SPACE IS REQUIRED ATTACH A SEPARATE SHEET)

21(b). Are you or any of the children for whom you are filing this application working for a railroa other employer covered by the Railroad Retirement Act? No (YES OR NO) Did you or such children, if any, work fo such an employer in any of the three months immediately preceding the present month? No (YES OR NO) If the answ to either of these questions is "Yes," give:

NAME OF APPLICANT	NAME AND ADDRESS OF EMPLOYER COVERED BY RAILROAD RETIREMENT ACT	OCCUPATION	MONTH(S) WOR

(IF ADDITIONAL SPACE IS REQUIRED ATTACH A SEPARATE SHEET)

RECEIVED JAN 29 1954 Railroad Retirement Board Hall Town Station

PART III. CERTAIN PROVISIONS OF THE LAW

(QUESTIONS 22 AND 23 MUST BE ANSWERED)

A widow's insurance annuity is not payable (a) for any month in which the widow works for wages of $25.00 or more in employment covered by the Social Security Act; or (b) for any month in which she works for a railroad or other employer covered by the Railroad Retirement Act regardless of the amount earned; or (c) if she remarries. In addition, a widow's current insurance benefit is not payable for any month in which the widow does not have in her care a child of the deceased husband entitled to receive a child's insurance annuity.

A child's insurance annuity is not payable (a) for any month in which the child works for wages of $25.00 or more in employment covered by the Social Security Act; or (b) for any month in which the child works for a railroad or other employer covered by the Railroad Retirement Act regardless of the amount earned; or (c) upon failure of a child aged 16 years or more to attend school regularly; or (d) if the child dies; or (e) if the child marries; or (f) if the child is legally adopted by some other person; or (g) if the child attains age 18.

22. Do you agree to notify promptly the Railroad Retirement Board of the occurrence of any of the events enumerated above, and to return promptly any check received by you for yourself or any of the children for whom you are filing this application for benefits for a month in which such event occurs? Yes (YES OR NO)

23. Do you also agree to notify the Railroad Retirement Board promptly when you no longer have responsibility for the welfare and care of any child on whose behalf this application is made? Yes (YES OR NO)

PART IV. CERTIFICATION

24. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causin an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

SIGNATURE OF APPLICANT:

Edna A. Evans

(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

ADDRESS:

Box 163

(STREET AND NUMBER)

Paw Paw W. Va.

(CITY) (ZONE NUMBER) (STATE)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUA[illegible] SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING [illegible] AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM APPROVED
BUDGET BUREAU NO. 70-R147.2

RL-94-F
(6-52)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

In reply refer to

Dear

In order that we may determine whether monthly benefits or a lump-sum death payment may be payable under the Railroad Retirement Act by reason of the death of [illegible], a former employee in the railroad industry, will you please fill in all of the items listed below and on the other side of this letter. If you do not know the answer to any item, write "Unknown" in the item. Please return the completed form to the Railroad Retirement Board in the enclosed envelope. This form is *not* an application for benefits.

Very truly yours,

Has Any Person Filed An Application With The Social Security Administration On Account Of The Death Of This Employee

Enclosure
Envelope

1. Enter the deceased employee's: (a) Social Security Account Number 236-22-5076
(b) R.R.B. Claim No. None (c) Date of Birth April 26-1904
(d) Date of Death Dec 14-1953 (e) Address at Time of Death Paw Paw W Va

2. Enter in the spaces below the information called for regarding the deceased employee's widow or widower, children (including natural and adopted children or stepchildren), and parents (including an adopting parent or a step-parent). If any child of the deceased employee, under age 18, is not living with its surviving parent, include the name and address of the person with whom such child is living.

NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP
Lena Evans	Paw Paw W. Va	10-13-1909	Widow
[illegible] C Evans	133 L St NW Washington DC	4-30-1930	Daughter
Carl R Evans	Paw Paw W. Va	12-5-1933	Son
Theodore R Evans	Paw Paw W. Va	2-9-1939	Son

3. If the deceased employee was survived by any child of a deceased child, give the following information:

NAME OF GRANDCHILD	ADDRESS	DATE OF BIRTH	NAME OF DECEASED CHILD
None			

4. If a widow or widower survived the deceased employee, give the date of their marriage: Sept 29 - 1929

5. If the deceased employee was not survived by any person described in item 2 or 3 above, give the name and address of any person who paid all or part of the burial expenses of the deceased employee; also the name and address of the administrator or executor of the estate of the deceased employee, if any.

NAME	ADDRESS	INDICATE WHETHER PAYER OF BURIAL EXPENSES OR ADMINISTRATOR OR EXECUTOR OF ESTATE

6. If the deceased employee was survived by a parent, adopting parent or step-parent, was such survivor receiving at least one-half of his or her support from the deceased employee when death occurred? — (YES OR NO)

7. If the deceased employee was a woman, was she survived by a widower who was receiving at least one-half of his support from her when death occurred? — (YES OR NO)

8. Was the deceased employee receiving a monthly pension or annuity under the Railroad Retirement Act when death occurred? No (YES OR NO)

If answer is "Yes" and the deceased employee was a woman, was she survived by a widower who was receiving at least one-half of his support from her at the time her annuity or pension began? — (YES OR NO)

9. Give the number of years the deceased employee worked in the railroad industry.

(a) Before 1937: None years

(b) After 1936: 11 1/2 years

10. Give the information called for below regarding each employer (including employers outside the railroad industry) for whom the deceased employee worked in the 30-month period ending with the last month of employment.

NAME OF EMPLOYER	DATE BEGAN SERVICE	DATE ENDED SERVICE	LAST OCCUPATION	LOCATION
Western Maryland RR	1941	12/9/53	Track Foreman	Hampstead Md

(IF ADDITIONAL SPACE IS NEEDED, USE A SEPARATE SHEET)

SIGNATURE OF PERSON FURNISHING INFORMATION Elva A. Evans

ADDRESS Paw Paw West Va.

RELATIONSHIP, IF ANY, TO DECEASED EMPLOYEE Widow

TELEPHONE NUMBER AT WHICH I CAN BE REACHED 76FH DATE SIGNED 1-26-54

RL-94-F (6-52)

(Next Door 1 yr Spencer)

RRB Chicago

RRB FORM G-91 (1-7)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1. DATE: 1-24-54

2. S.S.A. OR CLAIM NUMBER: 236-22-5076

3. FILE NAME OF EMPLOYEE: Theodore Roosevelt Evans

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT: Original Marriage Record

5. ON OFFICIAL STATIONERY? ☑ YES ☐ NO
SEAL USED? ☐ YES ☑ NO

6. DATE RECORD MADE: 9-29-1924

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION: Hot Springs

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT: None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

	EMPLOYEE	SURVIVOR
10. NAME	Theodore R Evans	Elva A Sundberg
11. AGE OR DATE OF BIRTH		
12. PLACE OF BIRTH		
13. NAME OF FATHER		
14. MOTHER'S MAIDEN NAME		
15. DATE OF DEATH		
16. MARRIAGE	DATE Sept 29th 1924	PLACE Blackwater Springs W. Va

17. OTHER PERTINENT INFORMATION:

Document Certifies Marriage Was Performed By And Is Signed By E. L. Hudson Minister

Witness V. A. Hudson

UNIT OR FIELD OFFICE: Altoona Pa

SIGNATURE AND TITLE: Thos P Howe Contact Representative

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF: ☐ EMPLOYEE ☐ SURVIVOR

☐ MARRIAGE
☐ DEATH
☐ RELATIONSHIP OF SURVIVOR
RELATIONSHIP _____

UNIT

SIGNATURE AND TITLE

RRB Chicago

RRB FORM G-91 (1-7)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1. DATE: 1-26-54

2. S.S.A. OR CLAIM NUMBER: 236-22-5076

3. FILE NAME OF EMPLOYEE: THEODORE ROOSEVELT EVANS

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT: NOTIFICATION OF BIRTH REGISTRATION

5. ON OFFICIAL STATIONERY? ☑ YES ☐ NO
FACSIMILE SEAL USED? ☑ YES ☐ NO

6. DATE RECORD MADE: 2-9-1939

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION: BUREAU OF THE CENSUS

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT: NONE

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

	EMPLOYEE	SURVIVOR
10. NAME	✓	THEODORE ELI EVANS
11. AGE OR DATE OF BIRTH		2-9-1939
12. PLACE OF BIRTH		PAW PAW
13. NAME OF FATHER	✓	THEODORE R. EVANS
14. MOTHER'S MAIDEN NAME		ELYA A. SUNDERLIN
15. DATE OF DEATH		
16. MARRIAGE	DATE	PLACE

17. OTHER PERTINENT INFORMATION:

DOCUMENT CERTIFIES THIS RECORD OF BIRTH IS REGISTERED AND PRESERVED IN THE OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS AT CHARLESTON W.VA FILE NO 10511

DOCUMENT BEARS FACSIMILE SIGNATURES OF W.L AUSTIN DIR of CENSUS AND FRANKLIN H. REEDER JR SPEC AGENT

UNIT OR FIELD OFFICE: ALTOONA PA

SIGNATURE AND TITLE: W P Dowe
Contact Representative

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF: ☐ EMPLOYEE ☐ SURVIVOR

☐ MARRIAGE
☐ DEATH
☐ RELATIONSHIP OF SURVIVOR

RELATIONSHIP _____

UNIT

SIGNATURE AND TITLE

RRB Chicago

RRB FORM NO. G-194
(9-52)

FIELD REPORT OF DEATH AND/OR REPORT OF RETURNED CHECK(S)

INSTRUCTIONS: WHERE DEATH OF AN EMPLOYEE OR EMPLOYEE ANNUITANT IS BEING REPORTED, FILL IN ITEMS 1 THROUGH 12. IF CHECKS OF A DECEASED EMPLOYEE ANNUITANT ARE RETURNED, ALSO FILL IN ITEMS 13 THROUGH 18. WHERE CHECKS OF AN INDIVIDUAL OTHER THAN A DECEASED EMPLOYEE ANNUITANT ARE RETURNED, FILL IN ITEM 1 AND ITEMS 13 THROUGH 18. ITEM 19 IS TO BE COMPLETED IN ALL CASES.

1. CLAIM NO. (IF ASSIGNED)

2. SOCIAL SECURITY ACCOUNT NO. 236-22-5076

3. DATE OF BIRTH APRIL 26-1904

4. DATE OF DEATH DEC 14-1953

5. LAST EMPLOYER WESTERN MARYLAND R.R. CO

6. NAME OF DECEASED EMPLOYEE
EVANS (LAST) THEODORE (FIRST) ROOSEVELT. (MIDDLE)

7. OCCUPATION TRACK FOREMAN

8. ADDRESS AT TIME OF DEATH POW POW WEST VA

9. LOCATION HAMPSTEAD MD

10. SOURCE OF INFORMATION
ELVA EVANS (NAME OF INFORMANT) WIDOW (RELATIONSHIP TO DEC'D. EMPL.)

11. DATE LAST WORKED DEC 9-1953

12. ACTION TAKEN BY FIELD
DECEASED IS SURVIVED BY WIDOW UNDER 65 - 2 ADULT CHILDREN AND 1 CHILD UNDER 18 YRS
RL 94 INDICATES COMPLETELY INSURED STATUS
APPLICATION HAS BEEN HELD FOR P/MARRIAGE

THE CHECK(S) DESCRIBED BELOW HAVE BEEN RETURNED BY THIS OFFICE TO THE TREASURY DEPARTMENT, DIVISION OF DISBURSEMENT, CHICAGO, ILLINOIS

13. CHECK NUMBER	(A)	(B)	(C)
14. DATE OF CHECK	(A)	(B)	(C)
15. AMOUNT	(A)	(B)	(C)
16. NAME OF PAYEE			
17. DATE RETURNED			
18. REASON			

19.

DATE 1-26-54 SIGNATURE W P Bowen

FIELD OFFICE Altoona Pa TITLE Contact Representative

RRB Chicago

RRB FORM NO. G-659a
(8-7)

FIELD CHECK LIST FOR CLAIM FOR SURVIVOR BENEFITS

1. SOCIAL SECURITY ACCOUNT NUMBER: 236-72-5076

2. CLAIM NUMBER: D278439

3. NAME OF DECEASED EMPLOYEE: THEODORE R. EVANS

4. NAME AND ADDRESS OF APPLICANT: ELVA A. EVANS, Box 163, PAW PAW W. VA.

5. APPLICATION FORM AA- 18 RECEIVED
PERSONALLY FROM APPLICANT ☑
VIA MAIL FROM APPLICANT ☐
FROM EMPLOYER (CARRIER-FILED) ☐
DATE: 1-26-54 FIELD OFFICE: Altoona Pa

6. PREPARED BY: W P Bowen DATE: 1-26-54

7. Give information below concerning each person on whose behalf applicant is applying for benefits.

Name	Date of Birth	Relationship
ELVA ADELINE EVANS	10-13-1909	Widow
THEODORE EARL EVANS	2-9-1939	Son

8. Item	Required	Attached	Will Be Submitted	Previously Submitted	Remarks
Application AA-18	X	X			
Proof of Death	X	X			
Proof of Marriage	X	X			
Proof of Age of: THEODORE EARL EVANS	X	X			
Proof of Relationship of: THEODORE EARL EVANS	X	X			
RL 94 f	X	X			
G-94		X			
Form G-467					
Proof of Appointment of Guardian					
Proof of Payment of Burial Exp.					

RRB Chicago

439
076
4
53

LOCK NO. 180

SSA BLOCK NO.

LAIM NO.

CIAL SECURITY ACCOUNT NO.

TE CURRENT CLAIM FILED

9 WAS FORM AA-11A RECEIVED? YES ☐ NO ☐

10 LAST ICC CODE 40

11 PAYROLL REF. 1002

12 DATE RET. ANN. APPLICATION FILED

13 ☐ DECEASED WAS A PENSIONER $_____ (AMT. OF PEN.) $_____ (AV. MO. EARN.)

☐ DECEASED RECEIVED ANNUITY BEFORE 1948 BASED ON AT LEAST 10 YEARS OF SERVICE $_____ (AV. MO. COMP.)

14 EFFECTIVE DATE(S) OF ANNUITY

7 MILITARY SERVICE

BRANCH_____

FROM_____ TO_____

FROM_____ TO_____

FROM_____ TO_____

VERIFIED BY SSA ☐ RRB ☐ PROOF ATTACHED ☐

15 YEAR ATTAINED AGE 22

16 ☐ FIRST REQUEST ☐ AMENDED REQUEST

17 QTRS. OF COVERAGE FROM 1-1-37 TO END OF 22ND BIRTH YEAR

TOTAL_____ WITHOUT: MS COMP._____ MS WAGES_____

18 RETURN TO:

☐ SURVIVORS CLAIMS FILE BANK

☐ CLAIMS FILES

☐ _____

19D TOTAL			19E BROTHERHOOD LOCAL LODGES		19F ADJUSTMENTS				19G BASE YEARS		19H MONTHS IN WHICH EMPLOYED												
SM	COMPENSATION	QC	SM	COMPENSATION	SM	COMPENSATION	SM	COMPENSATION	SM	COMPENSATION	YEAR	J	F	M	A	M	J	J	A	S	O	N	D
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											1953												

4 22 05 47

19I TOTAL FROM 52 LEDGER

	WAGES AND COMPENSATION	QC	INC YRS
COMPENSATION ATTRIBUTABLE TO MILITARY SERVICE			
WAGES ATTRIBUTABLE TO MILITARY SERVICE (FILL IN ONLY WHEN MILITARY SERVICE BEGAN BEFORE 23RD BIRTH YEAR)			

AR

SEARCHED BY: Mc

DATE 2/8/54

REMARKS

20 CURRENT CONNECTION RRB

☐ APPARENT

☐ NOT APPARENT

DUAL PAYMENT

RRB FORM NO. G-35
(9-53)

STATEMENT OF JURISDICTION AND/OR RECORD OF TRANSFER

RRB CLAIM NO.

EVANS, THEODORE ROOSEVELT D-276439
236-22-5076

Paw Paw,
West Virginia

4-26-1904
12-14-1953
WEST MD

ELVA A EVANS (WIDOW)

BUREAU OF WAGE AND SERVICE RECORDS	BUREAU OF RETIREMENT CLAIMS
1. ☒ **RRB HAS JURISDICTION** - FORM G-73a BEING PROCESSED	4. ☐ **RRB HAS JURISDICTION** - FORM RR-1 (WHITE) RETURNED TO DAO
2. SSA HAS JURISDICTION ☐ INSUFFICIENT QUARTERS OF COVERAGE ☐ CURRENT CONNECTION NOT APPARENT ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE _____ MONTHS OF SERVICE AFTER 1936	**5. CASE TRANSFERRED TO SSA ON BASIS OF:** ☐ RR-1 (WHITE) ☐ RR-1 (BUFF) **REASON FOR TRANSFER:** ☐ INSUFFICIENT QUARTERS OF COVERAGE ☐ CURRENT CONNECTION NOT APPARENT ☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE
3. ☐ FORM RR-1 (BUFF) INITIATED ☐ FORM RR-1 (BUFF) NOT REQUIRED	6. ☐ FORM SS-5 RETURNED ☐ FORM OA-702 RETURNED
REMARKS:	REMARKS:
J Sabolewski 2/18/54 (PREPARED BY) (DATE)	_____ _____ (PREPARED BY) (DATE)

RRB Chicago

RRB FORM NO. G-660
(2-52)

CLAIM SUMMARY RECORD

CLAIM NO. (1-7) **D276439**

SECTION I
RETIREMENT ANNUITIES

A.	EMPLOYEE - "A"		B.	SPOUSE - "A"	
-3-	NEW INACTIVE APPLICATION	N.C.	1-0-4	NEW ACTIVE APPLICATION	N.C.
0-0-4	NEW ACTIVE APPLICATION	N.C.	1-1-4	REACTIVATED - NO PREV. AWARD	N.C.
0-1-4	REACTIVATED - NO PREV. AWARD	N.C.	1-2-5	REACTIVATED - PREVIOUS AWARD	P.C.
0-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	1---0	FINAL CERTIFICATION	
0---0	FINAL CERTIFICATION		1---1	CLOSED WITHOUT AWARD	
0---1	CLOSED WITHOUT AWARD		1---5	PARTIAL CERTIFICATION	
0---5	PARTIAL CERTIFICATION				

(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓
0						1					
0						1					
0						1					
0						1					
0						1					
0						1					
0						1					
0						1					
0						1					
0						1					
0						1					
0						1					

SECTION II
SURVIVOR ANNUITIES

ANNUITANT "A" EMPLOYEE "D" PENSIONER "H"

2-0-4	NEW SURVIVOR APPLICATION	N.C.	
2-1-4	REACTIVATED - NO PREV. AWARD	N.C.	
2-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	
2---0	FINAL CERTIFICATION		
2---1	CLOSED WITHOUT AWARD		
2---5	PARTIAL CERTIFICATION		

(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓
2	0	2-10-4	4	[illegible]	✓
2		3-11	0	FR	
2					
2					
2					
2					
2					
2					
2					
2					
2					
2					

SECTION III
TICKLER DATES

A.	ORGANIZATION UNIT
0	DIV. OF DISABILITY DETERMINATIONS
1	DIV. OF RETIREMENT ANNUITIES
3	DIV. OF SURVIVOR ANNUITIES
7	DIV. OF ADM. SERV. - AUDIT
8	DIV. OF ADM. SERV. - CORRESPONDENCE

B.	REASON FOR CALL-UP
	RELEASE RL-50a
	INVESTIGATION OF EMP. & EARN.
	EMPLOYEE ATTAINS AGE 65
	TRACE REL. OF RIGHTS - 65
	PROBABLE ELIGIBILITY - SPOUSE
	PROOF OF AGE
3	RELEASE OF RL-69
	4% L. SUM LIQUIDATED
	DEFERRED LUMP-SUM PAYABLE
	2 YRS. FROM EMP. DEATH
	WIDOW OR PARENT ATTAIN 65
	EXCLUDED BENEF. INITIAL AWARD
	ERRONEOUS PAYMENTS
	ERRONEOUS PAYMENTS TRACER
	REINSTATEMENT OF PAYMENTS

CODE	CALL-UP DATE	EXAM.	✓	DATE COMPLETED	EXAM.	✓
3	3-55	FR				

SECTION IV
ERRONEOUS PAYMENT DATA

CLASS	DATE	AMOUNT	AMT. RECOV.	BALANCE	✓

SECTION V
REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

INITIAL DECISION AFFIRMED

DATE _____

SIGNATURE _____

SECTION VI
CLAIM SUMMARY

PAYEE MR. - MRS. - MISS

ADDRESS

NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

631-D6

RRB L

FEB 9 1954

FOR[illegible]ED
BUDGET [illegible]REAU NO. 70-R009.2

FORM NO. AA-12a
(4-53)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

NOTICE OF DEATH AND STATEMENT OF COMPENSATION

NAME OF DECEASED EMPLOYEE: Theodore Roosevelt Evans

SOCIAL SECURITY ACCOUNT NO.: 236-22-5076

R.R.B. CLAIM NO.: D-276439

DATE OF BIRTH: 4-26-04

DATE OF DEATH: 12-14-53

NOTICE OF DEATH IS HEREBY GIVEN, PURSUANT TO REGULATIONS GOVERNING NOTIFICATION BY EMPLOYERS OF THE DEATH OF EMPLOYEES

Mr. E. P. Wiseman, Acting General Auditor
Western Maryland Railway Company
Room 401, Standard Oil Building
Baltimore 2, Maryland

FULL ADDRESS AT TIME OF DEATH: Paw Paw, W. Va. 180

PLACE OF DEATH: Paw Paw, W. Va.

DATE LAST WORKED: 12-9-53

LAST OCCUPATION OF DECEASED: ICC - 40 Trackman PI - 1002

DEPARTMENT AND WORK LOCATION: Keifer, Md.

(SEE REVERSE SIDE)

EMPLOYERS SHALL REPORT THE EMPLOYEE'S *CREDITABLE COMPENSATION FOR EACH MONTH OF SERVICE* BEGINNING WITH THE MONTH SPECIFIED UNDER (A) OR (B), AS APPROPRIATE.

(A) **EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS ANNUALLY:** IF NOTICE OF DEATH IS SUBMITTED *BEFORE MAY 1*, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE *PRECEDING* CALENDAR YEAR; IF SUBMITTED *AFTER APRIL 30*, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE *CURRENT* CALENDAR YEAR.

(B) **EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS QUARTERLY:** REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH THE MONTH DETERMINED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:

WHEN THIS NOTICE IS SUBMITTED FROM		REPORT COMPENSATION BEGINNING WITH
JAN. 1	THROUGH FEB. 28	JULY OF PRECEDING YEAR
MARCH 1	" APRIL 30	OCTOBER " " "
MAY 1	" SEPT. 30	JANUARY OF CURRENT YEAR
OCT. 1	" DEC. 14	APRIL " " "
DEC. 15	" DEC. 31	JULY " " "

BACK PAY AND OTHER WAGE ADJUSTMENTS PAID IN THE PERIOD COVERED BY THIS REPORT SHALL BE REPORTED FOR THE MONTH IN WHICH PAID IF IT HAS BEEN OR WILL BE COMBINED WITH OTHER COMPENSATION PAID IN THAT MONTH AND SO REPORTED ON YOUR REGULAR REPORT TO THE BUREAU OF WAGE AND SERVICE RECORDS. IF YOUR REPORT TO THAT BUREAU WILL SHOW AN ALLOCATION OF SUCH PAYMENTS TO THE MONTHS IN WHICH EARNED, THE SAME ALLOCATION SHALL BE MADE ON THIS REPORT.

STATEMENT OF COMPENSATION

MONTH	YEAR 19	YEAR 19
JAN.		
FEB.		
MARCH		
APRIL		
MAY		
JUNE		
JULY	356.54	
AUG.	319.90	
SEPT.	264.79	
OCT.	293.05	
NOV.	272.33	
DEC.	50.08	
TOTAL	1556.69	

GIVE BASIS OF COMPENSATION, IF ANY, REPORTED FOR PERIOD AFTER DATE LAST WORKED ("VACATION ALLOWANCE," "SICK LEAVE ALLOWANCE," OR THE LIKE, PURSUANT TO RULES AND PRACTICES).

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE SURVIVING

NAME: Alba Adeline (Sunderland) Evans

ADDRESS: Paw Paw, W. Va.

RELATIONSHIP TO DECEASED: Wife

DATE: 2-15-54

SUBMITTED BY: E P Wiseman

OFFICIAL TITLE: Acting General Auditor

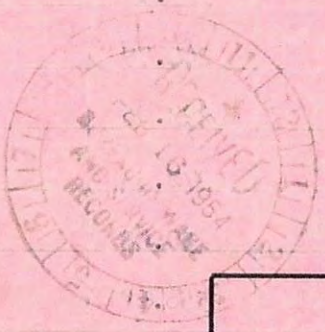
EXCERPTS FROM REGULATIONS UNDER THE RAILROAD RETIREMENT ACT

"EACH EMPLOYER SHALL NOTIFY THE BOARD OF THE DEATH OF ANY EMPLOYEE IN ACTIVE EMPLOYMENT, AND WHEN KNOWN, OF THE DEATH OF ANY EMPLOYEE IN AN EMPLOYMENT RELATION, WITHIN THIRTY DAYS FOLLOWING THE RECEIPT BY THE EMPLOYER OF NOTICE OF SUCH DEATH. SUCH NOTICE AND ANY INFORMATION WHICH THE BOARD MAY REQUIRE IN CONNECTION THEREWITH SHALL BE SUBMITTED ON THE FORM PROVIDED BY THE BOARD FOR THAT PURPOSE." (SEC. 250.2 OF REGULATIONS)

RRB Chicago

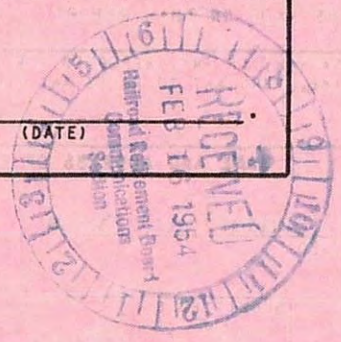
The Board has received notice of the death of the individual identified on the face of this form, a former employee of your company.

In order to complete our handling of this case, it will be necessary for you to complete the form, except that name and address of spouse or nearest relative may be omitted if this information is not readily available. Do not submit Form AA-12 after you have completed and returned the Form AA-12a. If you have submitted a Form AA-12 at a recent date, please indicate this fact below and disregard the detail.



PROMPT RETURN OF THIS FORM TO THE BUREAU OF WAGE AND SERVICE RECORDS WILL BE APPRECIATED.

Form AA-12 submitted _____ .
(DATE)



INTER-A

EVANS, THEODORE ROOSEVELT D-276439
236-22-5076

Paw Paw,
West Virginia

4-26-1904
12-14-1953
WEST ND

ELVA A EVANS (WIDOW)

RRB BLOCK NO. 180 | SSA BLOCK NO. 33522

RRB CLAIM NO.

1 NAME O

2 SOCIAL SECURITY ACCOUNT NO.

3 DATE O

5 DATE CURRENT CLAIM FILED

6 RAILROAD SERVICE PRIOR TO 1937 ALLEGED ☐

7 MILITARY SERVICE
BRANCH
FROM TO
FROM TO
FROM TO
VERIFIED BY SSA ☐ RRB ☐ PROOF ATTACHED ☐

8 OASI LAG EMPLOYERS AND ADDRESSES | FROM | TO

RRB LAG EMPLOYERS (18 MOS.) | FROM | TO

9 YEAR	MOS. SERV.	WAGE Q.C.	COMP. Q.C.	TOTAL Q.C.	WAGES	COMPENSATION	WAGES AND COMPENSATION	MONTHS IN WHICH EMPLOYED (RRB) J F M A M J J A S O N D
PRIOR SERV.								
1937								
1938								
1939								
1940		0			24 60			
1941								
1942		1			56 13			
1943								
1944								
1945								
1946								
1947								
1948								
1949								
1950								
1951								
1952								
1953								
TOTAL		1			80 73			

10 A. GROSS RESIDUAL PAYMENT $ B. DEDUCTIBLE BENEFITS ALREADY PAID BY RRB $

11 BENEFIT STATUS RRB

- ☐ A. DECEASED WAS A PENSIONER DECEASED RECEIVED ANNUITY
- ☐ B. BEFORE 1948 BASED ON AT LEAST 10 YEARS OF SERVICE
- ☐ C. COMPLETELY OR PARTIALLY INSURED
- ☐ D. SURVIVOR ANNUITY AWARDED (120 MONTHS SERVICE)
- ☐ E. SURVIVOR ANNUITY AWARDED BEFORE 10-30-51 AND CURRENTLY PAYABLE (LESS THAN 120 MONTHS SERVICE)
- ☐ F. ANNUITY AWARDED BEFORE 10-30-51 BUT NOT CURRENTLY PAYABLE OR LUMP SUM AWARDED (LESS THAN 120 MONTHS)
- ☐ G. AT LEAST 120 MONTHS SERVICE BUT INSURED STATUS NOT APPARENT
- ☐ H. LESS THAN 120 MONTHS SERVICE AND NO BENEFITS PAID BY RRB.

DATE
SIGNED

12 I CERTIFY THAT ALL THE SERVICE AND COMPENSATION DATA AND QUARTERS OF COVERAGE ENTERED ON THIS FORM ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED HEREIN AND ARE CORRECT ACCORDING TO THE RECORDS OF THE RAILROAD RETIREMENT BOARD.

BY
DATE
HOWARD W. HABERMEYER
DIRECTOR
BUREAU OF WAGE AND SERVICE RECORDS

13 I CERTIFY THAT ALL THE WAGE DATA AND QUARTERS OF COVERAGE ENTERED ON THIS FORM ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED HEREIN AND ARE CORRECT ACCORDING TO THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION.

BY G M Schantz
DATE 2-17-54
J. L. FAY
ASSISTANT DIRECTOR
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

RRB Chicago

FORM NO. G-73a
(11-53)

COMPUTATION WORK SHEET

23 DATE OF BIRTH	24 DATE ATTAINED AGE 65	25 REQUIRED QUARTERS OF COVERAGE
4-26-04	4-25-69	RRA ☐ 33 SSA ☐ 6

26 FIRST QUARTER INSURED	27 DATE RETIREMENT ANNUITY APPLICATION FILED
RRA ☐ SSA ☐	

28 RAILROAD RETIREMENT ACT

COMPUTATION DATE	WAGES AND/OR COMPENSATION	DIVISOR	AVERAGE MONTHLY REMUNERATION	INC. YRS.	BASIC AMOUNT
12-14-53	24,797.99	201	123.37	12	39.02

29 SOCIAL SECURITY ACT

OLD PIB FORMULA ☐ REVISED PIB FORMULA ☑

COMPUTATION DATE	WAGES AND/OR COMPENSATION (NOT TO EXCEED $3000 THROUGH 1950)	DIVISOR	AVERAGE MONTHLY WAGE	INC. YRS.	PIB	PIA
4-1-53	23,033.20	195	—	9		
10-1-53	24,797.99	201	123.00	9	29.76	60.50

NEW PIA FORMULA

4-1-53	6894.06	27	255.00		
10-1-53	8658.85	33	262.00		79.30

CLAIMS EXAMINER	COMPUTER - INITIAL	COMPUTER - VERIFIER
	[signature]	[signature]

I CERTIFY THAT THE COMPUTATIONS OF THE BASIC AMOUNT AND PRIMARY INSURANCE AMOUNT SHOWN ABOVE AND OF THE GROSS POTENTIAL RESIDUAL PAYMENT ARE CORRECT. THE COMPUTATIONS WERE MADE IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE RAILROAD RETIREMENT AND/OR SOCIAL SECURITY ACTS AND WERE BASED ON THE WAGE AND COMPENSATION DATA OF THE INDIVIDUAL IDENTIFIED ON THIS FORM. THE USE OF THESE AMOUNTS TO DETERMINE THE AMOUNT PAYABLE TO ENTITLED SURVIVOR(S) OF THE DECEASED WAGE EARNER IS AUTHORIZED.

7-23-54
DATE

[signature]
FOR DIRECTOR OF WAGE AND SERVICE RECORDS

CONFLICT EMPLOYERS

EMPLOYER'S NAME AND ADDRESS	WAGE PERIOD FROM	WAGE PERIOD TO	WAGES COMPENSATION

CONFLICT EMPLOYER LIST AS OF NOVEMBER 3, 1953

EMPLOYER	CONFLICT PERIOD	EMPLOYER	CONFLICT PERIOD
COLIANNI & DIRE CO.		9324	1/1/37 TO 5/31/44
REPORTED BY 1102	1/1/37 TO 7/14/42	9326	11/1/50 TO 12/31/51
9326	1/1/37 TO 12/31/40	9730	11/1/50 TO DATE
9312 (TEXAS COMPANY		9808	1/1/37 TO 12/31/38
ONLY) 2/52 LOT,		9827	6/1/47 TO 12/31/51
2805 AND 2806	1/1/37 TO 12/31/50	9829	8/1/49 TO 12/31/51

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PAYMENT SUMMARY

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

COMPUTER

CLAIM NO. WCD-276439

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	71.40	12-1-53	2-28-54	3	214.20						214.20
C1	47.60	12-1-53	2-28-54	3	142.80						142.80
											357.00

REMARKS:

RRB Chicago

FORM NO. G-365
(11-51)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DETERMINATION OF AWARD
INSURANCE ANNUITY OR LUMP-SUM DEATH PAYMENT

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
NOVEMBER 14, 1951

1. ADMINISTRATIVE VOUCHER NO. 346[illegible]9

2. [X] FINAL CERTIFICATION
[ ] SUBJECT TO RECERTIFICATION

3. CLAIM NO. WCD-246439

4. DECEASED EMPLOYEE: Theodore R. Evans

5. EMPLOYEE'S S.S.A. NO. 236-22-5076

6. DATE OF BIRTH: 4-26-04

7. DATE OF DEATH: 12-14-53

8. REQUIRED QUARTERS — RRA: — SSA: 6

9. MILITARY SERVICE QUARTERS:

10. TOTAL QUARTERS: 47

11. CURRENT QUARTERS — RRA: — SSA:

12. EMPLOYEE DIED INSURED

RRA		SSA	
PARTIALLY		CURRENTLY	
COMPLETELY	X	FULLY	X

13. QUARTERS COVERAGE AFTER RETIREMENT ANNUITY BEGAN: —
QUARTERS RETIREMENT ANNUITY PAYABLE BEFORE AGE 65: —

	COMP. DATE	TOTAL WAGES AND COMP.	DIVISOR	AVER. MO. REMUNERATION / AVERAGE MONTHLY WAGE	INCREMENTS	BASIC AMOUNT / PRIMARY BENEFIT	TEN TIMES BASIC AMOUNT / PRIMARY AMOUNT
14. RRA	12-14-53	$24,797.99	201	123.37	12	$39.02	$
15. SSA	10-1-53	$1,658.55	33	262.00		$	$79.30

16. INSURED UNDER SECTION 5(1)(7)(iii) OF 1937 ACT, AS AMENDED

[ ] RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO ACCRUE BEFORE 1948 - MONTHLY COMPENSATION: $

[ ] PENSION PAYABLE AT DEATH - MONTHLY EARNINGS:

BASIC AMOUNT $

17. TOTAL REIMBURSABLE BURIAL EXPENSES ARE $
PAID AS FOLLOWS:
REMAINS UNPAID $

18. [ ] WIDOW [ ] WIDOWER ENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF EMPLOYEE'S DEATH. AMOUNT OF SPOUSE'S ANNUITY $

19. SYMBOL	RELATIONSHIP	DATE OF BIRTH	CLAIM FILED	RRA: NORMAL ANNUITY	RRA: OTHER BENEFITS	RRA: ADJ. ANNUITY	SSA: ORIG. BENEFIT	SSA: OTHER BENEFITS	SSA: ADJ. BENEFITS	SSA NUMBER
W	ELVA A.	10-13-09 X51	1-26-54	$39.02	None	$71.40	[illegible]	None	[illegible]	None
C	THEODORE E.	2-9-39 X51	"	26.01	"	47.60		"	47.[illegible]	"
				65.03		119.00			119.[illegible]	

20. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE
(A) INCREASE RESULTING FROM MILITARY SERVICE $
(B) AMOUNT OF OTHER BENEFITS PAYABLE $
(C) RATIO BY WHICH MILITARY SERVICE INCREASES QUARTERS OF COVERAGE % $

21. CHECK MAXIMUM PAYABLE
RRA [ ] $30 [ ] $160 [ ] 2-2/3 BASIC AMOUNT $
SSA [ ] $40 [ ] $150 [ ] 80% AVERAGE WAGE $

22. REMARKS:
APP B-500

23. CERTIFICATION OF PAYMENT — FINAL PAYMENT YES [ ] NO [X]

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE OR SHARE	BEGINNING DATE	NET AMOUNT PAID
W	MRS. ELVA A. EVANS AS UNREMARRIED	$119.00	12-1-53	$357.00
	WIDOW, AND FOR MINOR			
	BOX 163			
	PAW PAW, W. VA.			

EXAMINER: [illegible] #631

COMPUTER: PR E. Pa[illegible] 3-5-54

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT AMOUNT INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED

DATE 3-8-1954 SIGNATURE [signature] AUTHORIZATION OFFICER

6

RRB

RL-43f
(1-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

MAR 18 1954

Mrs. Elva A. Evans
Box 163
Paw Paw, West Virginia

In reply refer to
R.R.B. No. D-276439
Name of Deceased Employee
Theodore R. Evans

You have been found to be entitled to a widow's current insurance annuity and each child listed below has been found to be entitled to a child's insurance annuity under the Railroad Retirement Act.

Name	Monthly Benefit
Elva A. Evans	$71.40
Theodore F. Evans	$47.60

The first month of entitlement to benefits is December 1, 1953 and the first check you will receive will cover the total amount due through February 28, 1954.

These benefits are based on the earnings of the deceased employee under the Railroad Retirement Act and the Social Security Act. Therefore, no benefits are payable under the Social Security Act.

Please refer to the other side of this letter for the conditions under which these benefits are not payable and for other important information.

If any questions arise concerning these annuities, you may write to this office or call at any of the field offices shown on the enclosed list.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
T-83
is

RRB Chicago

Claim no. D 276 439

Paw Paw, West Virginia
January 1, 1953

Railroad Retirement Board
844 Rush Street
Chicago 11, Illinois

Dear Sirs:

I am at present receiving survivor benefits for myself and dependent child. I am in a position to take a seasonal job, covered by social security. The average pay is $700.00 per year, some months averaging $150 per month. I am uncertain if it would be possible for me to take the job and still receive survivor benefits. Would you please let me know if I can make more than $75.00 per month if the total I receive does not exceed $900.00 per year?

Sincerely yours,

Elva A. Evans

D-276439

Mrs. Elva A. Evans
Box 163
Paw Paw, West Virginia

Theodore F. Evans

FEB 15 1955

JAN 14 1955

Mrs. Elva A. Evans
Paw Paw
West Virginia

In reply refer to
R.R.B. No. D-276439

Dear Mrs. Evans:

Reference is made to your letter of January 1, 1955.

There is no limit to the amount of your monthly earnings in 1955, as long as your yearly earnings do not exceed $1,200.00.

The enclosed Form RB-7 is self-explanatory. Please read pages 3 and 4 checked in red.

If you have any further questions concerning your annuity you may write to this office or call at any of the field offices shown on the enclosed Form T-83.

Very truly yours,

Robert H. LaMotte
Director of Retirement Claims

Enclosures
T-83
RB-7

HPrentice:HRJones

FORM RL-69

February 17, 1955

Mrs. Elva A. Evans
Box 163
Paw Paw, West Virginia

D-276439

Evans:

Theodore F. Evans

xxx

am

RRB FORM G-347 (3-66)

So that we can handle the attached material promptly, please furnish the following information:

RRB Claim Number D 276439

Railroad Employee's
Social Security Number Unknown -

FULL NAME OF
RAILROAD EMPLOYEE Theodore Roosevelt Evans.

RETURN THIS FORM AND THE ATTACHED MATERIAL IN THE ENCLOSED ENVELOPE

Railroad Retirement Board

FORM APPROV[illegible]
BUDGET BURE[illegible] 70-R170.2

RL-69
(7-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

February 17, 1955

BUREAU OF RETIREMENT CLAIMS

FILE ONLY

Mrs. Elva A. Evans
Box 163
Paw Paw, West Virginia

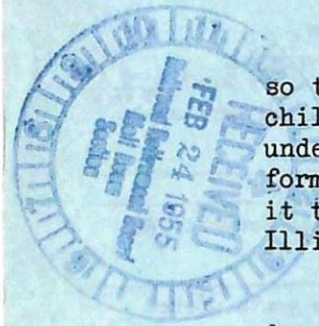
In reply refer to
R.R.B. No. D-276439

FEB 28 Rec'd

Dear Mrs. Evans:

This letter refers to the monthly insurance annuities which you are receiving on behalf of yourself and

Theodore F. Evans



Please answer the questions on the back of this letter, so that we may determine whether or not you and the above-named child(~~ren~~) are entitled to continue receiving monthly payments under the Railroad Retirement Act. When you have completed the form, sign it in the space provided for your signature and return it to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois, as soon as possible.

Your failure to furnish this information within thirty days from the date of this letter may result in the suspension of the monthly benefits you are now receiving.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

1. Have you remarried? no (YES OR NO) If "Yes," give _____ (DATE OF SUCH MARRIAGE)

2. Are all of the children for whom you are receiving benefits living with you? Yes (YES OR NO) If "No," give

_____ (NAMES OF ALL CHILDREN WHO ARE NOT LIVING WITH YOU)

3. Has any child for whom you are receiving benefits:

a. Married? no (YES OR NO) If "Yes," give _____ (NAME OF CHILD) _____ (DATE OF MARRIAGE)

b. Been adopted? no (YES OR NO) If "Yes," give _____ (NAME OF CHILD) _____ (DATE OF ADOPTION)

c. Died? no (YES OR NO) If "Yes," give _____ (NAME OF CHILD) _____ (DATE OF DEATH)

4. Is any child for whom you are receiving benefits 16 years of age or older? Yes (YES OR NO)

If "Yes," has such child attended school regularly since attaining age 16? Yes (YES OR NO)
If school attendance was not regular, give:

a. Name of child Theodore F Evans.

b. Period during which school attendance was not regular _____ (FROM) _____ (TO)

c. Reason for non-attendance _____

5. Have you, or any child for whom you are receiving benefits, been self-employed: (a) In the preceding taxable year? no (YES OR NO) (b) In the present taxable year? no (YES OR NO)

A *self-employed person* is one who works for himself as a sole owner or partner in a trade or business covered by the Social Security Act.

A *taxable year* is the year on which a self-employed person bases his income tax report.

6. In ~~the past 12 months~~ 1954, have you or any child for whom you are receiving benefits:
a. Worked for a railroad or other employer covered by the Railroad Retirement Act? no (YES OR NO)
b. Worked for wages of more than $75 a month in employment covered by the Social Security Act? no (YES OR NO)
If the answer to either a. or b. is "Yes," give the information requested below for each person who was so employed:
(1) Name of person _____

Name of Employer Covered by Railroad Retirement Act						Name of Employer Covered by Social Security Act					
In the blocks below, show each month worked						In the blocks below, show each month worked and amount earned each month					

(2) Name of person _____

Name of Employer Covered by Railroad Retirement Act						Name of Employer Covered by Social Security Act					
In the blocks below, show each month worked						In the blocks below, show each month worked and amount earned each month					

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

Feb. 23 (DATE SIGNED) Mrs Elva A. Evans. (SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT))

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address in the space below:

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

Paw Paw, W. Va.
Jan. 12, 1956

Railroad Retirement Board
Chicago 11
Ill.
Dear Sir

I would like to know how much of the check for survivors benefits which I receive is for my son Theodore Evans. I cannot find any papers saying how much is for him and I will have to know in order to fill out my income tax return.

Sincerely
Mrs Edna C Evans
Box 163
Paw Paw
W. Va.

R. R. B. No. D-276439

1c

RL-105
(5-9)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

JAN 0 1956

BUREAU OF RETIREMENT CLAIMS

Mrs. Elva A. Evans
Box 163
Paw Paw, West Virginia

In reply refer to
R.R.B. No. D-276439

Dear Mrs. Evans:

Reference is made to your recent inquiry concerning the applicability of tax laws to annuity or pension payments made under the Railroad Retirement Act.

Section 12 of the Railroad Retirement Act of 1937 provides as follows:

> "No annuity or pension payment shall be assignable or be subject to any tax or to garnishment, attachment, or other legal process under any circumstances whatsoever, nor shall the payment thereof be anticipated."

This section prohibits the application of any taxes, state or federal, to the receipt of annuities or pensions paid under the Railroad Retirement Act or to annuity or pension checks or their proceeds, at least so long as they remain unexpended or uninvested. The Bureau of Internal Revenue, which administers the federal income tax law, has ruled that pensions and annuities paid under the Railroad Retirement Act are not subject to the federal income tax.

The provision of the Railroad Retirement Act, quoted above, however, does not exempt an individual from the payment of a sales tax or personal property tax (other than a personal property tax on the annuity or pension itself) or taxes such as real property tax, school tax or poll tax, even though the individual's annuity or pension is his only income.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

P.S. Whether or not you should file a return is a matter to be discussed with the collector for your district.

If in filing an income tax return you are required to list the amount received as a pension or annuity under the Railroad Retirement Act, it is suggested that you add the phrase "Exempt from income tax under section 12 of the Railroad Retirement Act."

The amount of your monthly annuity is $81.84 and that for your child $54.56.

acf

885 Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R227

FORM NO. G-19a
(11-55)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

FILE ONLY

ANNUAL REPORT OF PERSON RECEIVING INSURANCE ANNUITY PAYMENTS UNDER THE RAILROAD RETIREMENT ACT

1. Enter your RRB claim number here WCD-276439

2. If you are the widow, widower, or parent of the deceased employee, have you remarried? No (YES OR NO) If your answer is "Yes," give the date of your marriage _____

3. If you are the widow of the deceased employee, are all of his children under 18 years of age living with you? Yes (YES OR NO) If your answer is "No," list the names of the children who are not living with you.

_____ _____

_____ _____

4. Have any of the deceased employee's children under 18 years of age:

a. Married? No (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (DATE OF MARRIAGE)

b. Been adopted? No (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (DATE OF ADOPTION) _____ (NAME AND RELATIONSHIP OF ADOPTING PARENT)

c. Died? No (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (DATE OF DEATH)

d. Entered military service? No (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (BRANCH OF SERVICE) _____ (DATE MILITARY SERVICE BEGAN) _____ (MILITARY RANK)

_____ (MILITARY ADDRESS)

5. Have you, or any child (under 18 years of age) of the deceased employee engaged in employment or self-employment of any kind during the year 1955? Yes (YES OR NO) If your answer is "Yes," complete one or more of the following blocks as required. Use a separate block for each person who was employed or self-employed.

a. Name of employed or self-employed person Elva A. Evans

b. Name and address of employer Consolidated Orchard Co. Paw Paw W Va

c. Beginning date of employment Sept 14 1954 -

d. Total earnings from employment and self-employment during the year 1955. $ 899.69

e. If the total earnings were more than $1200, show the monthly amount of earnings from employment for hire on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE												
MONTHS IN WHICH SELF-EMPLOYED												

a. Name of employed or self-employed person _____

b. Name and address of employer _____

c. Beginning date of employment _____

d. Total earnings from employment and self-employment during the year 1955. $ _____

e. If the total earnings were more than $1200, show the monthly amount of earnings from employment for hire on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE												
MONTHS IN WHICH SELF-EMPLOYED												

a. Name of employed or self-employed person _____

b. Name and address of employer _____

c. Beginning date of employment _____

d. Total earnings from employment and self-employment during the year 1955. $ _____

e. If the total earnings were more than $1200, show the monthly amount of earnings from employment for hire on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE												
MONTHS IN WHICH SELF-EMPLOYED												

6. Will you or any child of the deceased employee under age 18, be employed or self-employed during 1956? Yes (YES OR NO) If your answer is "Yes," furnish the following information for each such person.

NAME OF PERSON	IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO"	ESTIMATED AMOUNT OF EARNINGS FOR 1956
Elva A. Evans	Yes	$800.00

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

Feb. 6 - 1956 (DATE SIGNED)

Elva A. Evans (SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT))

I signed this questionnaire in Paw Paw (CITY) Mich. (STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

RECEIVED FEB 8 1956

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

RRB Chicago

CLAIM FOLDER COPY

Form No. G-96 (1-55)
RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA

TERMINATION OR SUSPENSION OF PAYMENTS

SSA NO.	RRB CLAIM NO.

VOU. NO.	NAME OF PAYEE

PLATE IMPRESSION

$136.40*

ELVA A EVANS

WCD-276439

AS UNREMARRIED WIDOW & FOR MINOR
BOX 163
PAW PAW W VA

CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY)

273525

DIARY
CASE

DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED

EMPLOYER'S NAME

TERMINATION

INSURANCE ANNUITANT

- ☐ 41 Beneficiary died *
- ☐ 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability *
- ☐ 44 Beneficiary (child) married or adopted, or widow or parent remarried *
- ☐ 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability
- ☐ 45 Widow's current annuity terminated by last child's death, marriage or adoption
- ☐ 46 Beneficiary entitled to equal or greater benefits *
- ☐ Other (See Remarks)

SPOUSE ANNUITANT

- ☐ 51 Spouse died
- ☐ 53 Spouse under age 65 no longer has "child" in her care
- ☐ 57 Spouse divorced
- ☐ 59 Annuitant's or pensioner's benefit terminated

RET. ANNUITANT OR PENSIONER

- ☐ 01 Annuitant or pensioner died
- ☐ 08 Annuitant recovered from disability

SUSPENSION

INSURANCE ANNUITANT

- ☐ 11 Beneficiary in employer service *
- ☐ 12 Beneficiary under age 72—earnings exceed $1200 per year *
- ☐ 14 Widow does not have entitled child in her care
- ☐ 16 Payee not determined
- ☐ 16 Withdrawn for investigation
- ☐ 16 Recovery of an erroneous payment
- ☐ Other (See Remarks)

SPOUSE ANNUITANT

- ☐ 52 Spouse worked in employer service
- ☐ 58 Annuitant's benefit suspended
- ☐ 56 Other (See Remarks)

RET. ANNUITANT OR PENSIONER

- ☐ 02 Annuitant returned to employer service
- ☐ 07 Annuitant returned to last person service
- ☐ 09 Disability annuitant earned more than $100 in a month
- ☐ 06 Other (See Remarks)

REMARKS	*DATE OF BIRTH OF BENEFICIARY	DATE 2-1-57
		UNIT AND INITIALS MB

CLAIN FOLDER CARD

CLAIM NO.	CODE-TYPE BENEF.	RATE PAID AUG. 1954	RATE PAID BEG. SEPT. 1954
D276439	110	11900	13640

EMPLOYEE'S PIA

1952	1954
7930	9090

ADJUSTMENT OF MONTHLY RATE - 1954 SSA AMENDMENTS EFFECTIVE SEPTEMBER 1954

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

1 - WIDOW AGE 65
2 - WIDOW UNDER 65
3 - CHILD
4 - PARENT
7 - WIDOWER

THREE-DIGIT CODES

1ST DIGIT: 0 - NO WIDOW
1 - WIDOW WITH CHILDREN

2ND DIGIT: 0 - NO CHILDREN
ANY OTHER CODE INDICATES NUMBER OF CHILDREN

3RD DIGIT: 0 - NO PARENTS
1 - ONE PARENT - OTHER PARENT WITHHELD
2 - TWO PARENTS

WHERE A FAMILY GROUP RECEIVES BENEFITS IN COMBINED CHECK, THE AUGUST 1954 AND SEPTEMBER 1954 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON SEPTEMBER 1, 1954.

IF AN EMPLOYEE'S 1952 AND 1954 PIA ARE NOT SHOWN ABOVE, REFER TO YELLOW G-354 OR YELLOW G-365.

RL-40
(10-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

FEB 18 1957

BUREAU OF RETIREMENT CLAIMS

Elva A. Evans
Box 163
Paw Paw, West Virginia

In reply refer to
R.R.B. No. D-276439
Name of Deceased Employee
Theodore R. Evans

Dear Mrs. Evans:

Your entitlement to a widow's current insurance annuity has ended because, according to our records, there is no longer a child of your deceased husband entitled to a child's insurance annuity. The last child entitled to benefits has attained age 18. Your annuity was last payable for the month of January 1957.

After a child has reached age 18, he may continue to receive a child's insurance annuity only if he has a permanent physical or mental condition which is such that he is unable to engage in any regular employment, and if he became so disabled before he was 18. A widow who has such a child in her care may also receive a widow's current insurance annuity. Therefore, if you have a permanently disabled child in your care, you should write us promptly, telling us the child's name, his age when he became disabled, and whether he has been able to work since becoming disabled. Also explain the nature of your child's disability.

The enclosed leaflet lists the types of benefits to which survivors of employees may become entitled and explains the conditions under which survivors qualify for benefits. As your deceased husband was completely insured, you may be eligible for a monthly annuity beginning with the month in which you attain age 60 if you have not remarried. However, at that time it will be necessary for you to file a new application with an office of the Board.

If you require further information, you may write to this office or call at any of the field offices shown on the enclosed list.

Very truly yours,

Robert H. LaMotte

acf

Robert H. LaMotte
Director of Retirement Claims

Enclosures
RB-7
T-83

RRB Chicago

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

Insurance annuities otherwise payable under the Railroad Retirement Act, are not payable for one or more months of a year if the annuitant works and earns more than $1200 from employment or self-employment of any kind during that year. In addition, insurance annuities are not payable to a child who attains age 18 unless such child is permanently disabled. Nor are they payable to any child who marries, or who is adopted by someone other than a stepparent, grandparent, aunt, or uncle. Also, insurance annuities cannot be paid to widows, widowers, or parents who have remarried.

This questionnaire is designed to obtain information that will enable us to determine the months in 1956 for which annuities were payable. Complete the questionnaire, answering all questions that apply to you or to those for whom you are receiving benefits, and return it and the card bearing your name and address to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois, within 30 days. Please do not fold or otherwise mutilate the card.

Failure to return the questionnaire within 30 days after the date on which you receive it will result in the suspension of the annuities.

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

INSTRUCTIONS FOR COMPLETING BLOCKS 1 AND 2

a. Enter the full name of the person who was employed or self-employed.

b. Enter the name and the address of each person or company by whom this person was employed. If the person was self-employed, enter "self-employed."

c. Enter the first date on which the person was employed or self-employed even if this date is before 1956.

d. Enter the total earnings from all sources for the year 1956. In figuring total earnings, include all wages, bonuses, commissions, etc. (before payroll deductions) earned in work as an employee not covered by the Railroad Retirement Act or the Social Security Act as well as earnings from employment covered by those acts; plus any net earnings from self-employment less any net losses from self-employment.

e. If the amount shown in "d" is not more than $1200 skip "e." If the amount in "d" is more than $1200, show the monthly earnings from work as an employee in the appropriate boxes on the line headed "Earnings From Work as an Employee." If the person was self-employed, enter an "X" in each month in which he or she was self-employed on the line headed "Months in Which Self-Employed." If the person engaged in both work as an employee and in self-employment during 1956, make the required entries on both lines.

BLOCK 1 – USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1956

a. Name of employed or self-employed person Elva A. Evans -

b. Name and address of employer Consolidated Orchard Co -

c. Beginning date of employment Jan 2 - 56 -

d. Total earnings from employment and self-employment during the year 1956. $ 4662 - 00

e. If the total earnings were more than $1200, show the monthly amount of earnings from work as an employee on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1956	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 2 – USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1956

a. Name of employed or self-employed person _____

b. Name and address of employer _____

c. Beginning date of employment _____

d. Total earnings from employment and self-employment during the year 1956. $ _____

e. If the total earnings were more than $1200, show the monthly amount of earnings from work as an employee on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1956	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 3 – USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1957

Elva A. Evans no. $900 00

NAME OF PERSON WHO WILL BE EMPLOYED OR SELF-EMPLOYED DURING 1957	IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO"	ESTIMATED AMOUNT OF EARNINGS FOR 1957

FORM APPROVED
BUDGET BUREAU NO. 70-R227.1

FORM NO. G-19a
(12-56)

FILE ONLY

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

ANNUAL REPORT OF PERSON RECEIVING INSURANCE ANNUITY PAYMENTS UNDER THE RAILROAD RETIREMENT ACT

1. Enter your RRB claim number here (number shown on enclosed card) WCD-276439

ANSWER ITEMS 2, 3, 4, 5 AND 6 IF YOU ARE THE WIDOW, WIDOWER, OR PARENT OF THE DECEASED EMPLOYEE; ANSWER ITEM 7 ONLY IF YOU ARE THE WIDOW.

2. Have you remarried since the death of the employee? no (YES OR NO) If your answer is "Yes," give the date of your marriage. —

3. Have you ever had a social security account number of your own? yes (YES OR NO) If "Yes," give your name and account number as shown on your social security card:

Edna G. Evans (NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD)
236-56-3752 (SOCIAL SECURITY ACCOUNT NUMBER)

4. Are you receiving benefits from the Social Security Administration? no (YES OR NO) If your answer is "Yes," give the name and social security account number of the person on whose account you are receiving benefits.

— (NAME)
— (SOCIAL SECURITY ACCOUNT NUMBER)

5. (a) Did you work as an employee during 1956? yes (YES OR NO)

(b) Were you a self-employed person during 1956? no (YES OR NO)

If your answer to either (a) or (b) is "Yes," fill in Block 1 on the last page of this form.

6. Have you been, or will you be, employed or self-employed during 1957? yes (YES OR NO)

If your answer is "Yes," fill in one line of Block 3 on the last page of this form.

7. If you are the widow of the deceased employee, are all of his children under 18 years of age living with you? yes (YES OR NO) If your answer is "No," list the names of the children who are not living with you.

ANSWER ITEMS 8, 9, 10 AND 11 IF THE DECEASED EMPLOYEE WAS SURVIVED BY CHILDREN WHO WERE STILL UNDER 18 YEARS OF AGE ON FEBRUARY 1, 1956.

8. Have any of the deceased employee's children who were still under 18 years of age on February 1, 1956

(a) Married? no (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (DATE OF MARRIAGE)

(b) Been adopted? no (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (DATE OF ADOPTION) _____ (NAME AND RELATIONSHIP OF ADOPTING PARENT)

(c) Died? no (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (DATE OF DEATH)

(d) Entered military service? no (YES OR NO) If "Yes," give _____ (NAME OF CHILD)

_____ (BRANCH OF SERVICE) _____ (DATE MILITARY SERVICE BEGAN) _____ (MILITARY RANK)

_____ (MILITARY ADDRESS)

9. Are any of the children receiving benefits from the Social Security Administration? No (YES OR NO)

If your answer is "Yes," give the name of the person on whose account the benefits are based and his or her socia security account number.

(NAME) (SOCIAL SECURITY ACCOUNT NUMBER)

10. (a) Did any of the children work as an employee during 1956? No (YES OR NO)

(b) Were any of the children self-employed during 1956? No (YES OR NO)

If your answer to either (a) or (b) is "Yes," fill in one of the blocks (Block 1 or 2) on the last page of this form for each such child. If additional blocks are required, furnish the additional information in Remarks or on a separate sheet of paper.

11. Will any of the children be employed or self-employed during 1957? _____ (YES OR NO) If your answer is "Yes," fill in one line of Block 3 on the last page of this form for each such child.

REMARKS: One child became 18 years old on Feb. 9, 1957.

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true and that the employment data furnished on the back of this form is correct.

March 19 1957 Elva A. Evans
(DATE SIGNED) SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL – DO NOT PRINT)

I signed this questionnaire in Paw Paw Mich.
(CITY) (STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

WITNESSES

A _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) (ZONE) (STATE)

B _____ (NAME)

_____ (STREET AND NUMBER)

_____ (CITY) (ZONE) (STATE)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

ARB Chicago

G-73B REV. 2-68 RATE ATTACHMENT

PIA $ 117.30 FOR MONTHS AFTER JANUARY 1968

SSA MAX $ 210.40 ~~O/M~~ MAX $ 231.44 AMW $ 263.00 TABLE INC $ 16.17

	AGED WIDOW	1 CHILD	2 C	3 C	4 C	5 C
AMT EACH BEN.	$ 106.50	$ 96.80	$ 96.80	$ 77.20	$ 57.90	$ 46.30
TOTAL 1 MO.	106.50	96.80	193.60	231.60	231.60	231.50
TOTAL 2 MOS.	213.00	193.60	387.20	463.20	463.20	463.00
TOTAL 3 MOS.	319.50	290.40	580.80	694.80	694.80	694.50
BASIC AMOUNT	93.11			97.53	68.58	63.98

THE O/M WILL APPLY IF THE BASIC AMOUNT SHOWN ON THIS FORM FOR A PARTICULAR FAMILY GROUP IS BLANK OR IS GREATER THAN THE ACTUAL COMPUTED BASIC AMOUNT.

-73b- 103.80
8-65)

RATE ATTACHMENT

FOR MONTHS AFTER 1964

BASIC AMT. *	PIA $ 103.80	MAX. SSA FORMULA $ 210.40				MAX. O/M (UNROUNDED) $ 231.44				
	FAMILY COMPOSITION	W or M	C-1	C-2	C-3	C-4	C-5	TOTAL 1 MO.	TOTAL 2 MOS.	TOTAL 3 MOS.
94.11	W (Age 60 or over)	94.20						94.20	188.40	282.60
95.00	1-C		85.70					85.70	171.40	257.10
95.00	M and 1-C	102.80	68.60					171.40	342.80	514.20
#	2-C's		85.70	85.70				171.40	342.80	514.20
#	M and 2-C's	99.20	66.20	66.20				231.60	463.20	694.80
#	3-C's		77.20	77.20	77.20			231.60	463.20	694.80
#	M and 3-C's	77.20	51.50	51.50	51.50			231.70	463.40	695.10
#	4-C's		57.90	57.90	57.90	57.90		231.60	463.20	694.80
#	M and 4-C's	63.20	42.10	42.10	42.10	42.10		231.60	463.20	694.80
#	5-C's		46.30	46.30	46.30	46.30	46.30	231.50	463.00	694.50

* IF THE BASIC AMOUNT COMPUTED FOR THIS CASE IS EQUAL TO OR GREATER THAN THE BASIC AMOUNT SHOWN IN THIS COLUMN FOR THE APPLICABLE FAMILY GROUP, THE O/M WILL NOT APPLY. IF A "#" IS SHOWN, THE O/M RATE FOR THE APPLICABLE FAMILY GROUP IS GREATER THAN $194.00, THE MAXIMUM (ROUNDED) UNDER THE RRA FORMULA.

CERTIFICATION OF SERVICE AND COMPENSATION — BASIC AMOUNT AND PIA DETERMINATIONS

1 A. NAME ON RECORD: EVANS
B. NAME ON REQUEST:
C. ACCOUNT NUMBER: 236 22 5076
D. R.R.B. CLAIM NUMBER: D276439
CD:
E. ACC. OR REQ. CL. NUMBER:
F. MASTER FILE EARMARKINGS: SS: X; OASI; DIS. FREEZE; O.F.; AA-11A; UI-B7

2 A. TOTAL TO DATE: S.M. 136; COMPENSATION 25 332 72
B. TOTAL THRU YEAR ATTAINED AGE 62: S.M.; COMPENSATION
C. YEAR AGE 62:
D. INC. ACCT.:
E. INAC. ACCT.:
F. TYPE OF CLAIM: SURV

3

A. YEAR	B. MOS. SERV.	C. MONTHS EMPLOYED CODE	D. TOTAL Q.C.	E. MIL. SERV. Q.C.	F. COMP Q.C.	G. WAGE Q.C.	H. INC. YR.	I. D/D D/F	J. WAGES AND COMPENSATION	K. COMPENSATION	L. WAGES
1947	12				4					2033 46	
1948	12				4					2370 46	
1949	12				4					2122 46	
1950	9				3					1908 46	
1951	12				4					2903 46	
1952	12				4					3091 46	
1953	12				4					3280 49	
1954											
1955											
1956											
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1965											
1966											
1967											
1968											
1969											
1970											

G. D O B: MO. 04; YR. 04
H. D O D: MO. 04; YR. 04
I. ANN. DATE: Q; YR.
APPL. DATE: Q; YR.
J. YR. LAST ACCT.: 53
G. CREDITABLE MILITARY SERVICE:
H. TOTAL THRU 1946: 55 7 622 47
I. ADJ.:
J. SERVICE AND COMPENSATION CERTIFIED THRU: 12-31-68
K. TOTAL INCLUDING MILITARY SERVICE:
L. EMPLOYER NOS.:
A D D.:
M. PAYROLL IDENT. NUMBER(S):
N. DATE FORM PREPARED: 8 12 69

K. OCCUPATION FOR LAST 5 YEARS

ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR	ICC	A	YR

L. PRIOR S.M.: —
M. INCREMENT YEARS: AFTER 1946: 7; 1937-46: 5
N. GROSS RESIDUAL WITH MILITARY SER.:
O. GROSS RESIDUAL OR V.A. TAX: 1 544 62

6 ENTITLEMENT DETERMINATIONS
A. 120 SERVICE MOS. YES ✓ NO
B. CURRENT CONNECTION YES ✓ NO
C. REQUIRED QTRS. COVERAGE
D. ACQUIRED QTRS. COVERAGE
E. INSURED STATUS: COMPLETELY ✓; FULLY; PARTIALLY; CURRENTLY
F. FIRST QTR. INSURED 1 1/52
G. DATE ATTAINED RETIREMENT AGE

4 REMARKS
MONTHS EMPLOYED CODE
0 = NO SERVICE; 4 = 3rd MONTH
1 = 1st MONTH; 5 = 1st & 3rd MOS.
2 = 2nd MONTH; 6 = 2nd & 3rd MOS.
3 = 1st & 2nd MOS. 7 = 1st, 2nd & 3rd MOS.

37-50 SM 100
37-50 COMP 16 057 31
1959 GROSS AMOUNT

5 MONTHS EMPLOYED (R.R.B.)

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

7 MILITARY SERVICE ☐ CREDITABLE ☐ NOT CREDITABLE

YEAR	J	F	M	A	M	J	J	A	S	O	N	D

8

A. YEAR	B. MOS. SERV.	C. TOT. Q.C.	D. MIL. Q.C.	E. COMP Q.C.	F. WAGE Q.C.	G. INC. YR.	H. D/D D/F	I. WAGES AND COMPENSATION	J. COMPENSATION	K. WAGES
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										

9 TRIAL COMPUTATIONS — RRB

C/D	DIVIDEND	D/M	AMW	I/Y	BASIC AMT./PIA	FORMULA	BASIC AMT./PIA

TRIAL COMPUTATIONS — SSA

FORM G-450 (11-67)

BACKGROUND PRINT INC. SPRINGFIELD, ILLINOIS 62704

FORM APPROVED
BUDGET BUREAU NO. 70-R218.2

FORM NO. AA-17a (9-61)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR WIDOW'S OR WIDOWER'S INSURANCE ANNUITY

For use when applicant has previously filed an application for a SPOUSE ANNUITY, an INSURANCE LUMP SUM, or INSURANCE ANNUITY on account of the deceased employee

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD.

ENTER EMPLOYEE'S RRB CLAIM NO. (IF NONE OR UNKNOWN, MAKE NO ENTRIES IN THIS SPACE)
D-276439

(DO NOT WRITE IN THIS SPACE)
OFFICIALLY FILED 311
072469
[signature]
Contact Representative
Altoona - Region 3

I, ELVA A EVANS (PRINT YOUR FIRST-MIDDLE-LAST NAME), hereby apply for any insurance annuity payable to me under the provisions of the Railroad Retirement Act, as amended.

INFORMATION ABOUT DECEASED EMPLOYEE

1 Name: THEODORE R EVANS (PRINT FIRST-MIDDLE-MAIDEN LAST NAME IF FEMALE-LAST NAME) (SOCIAL SECURITY ACC'T. NO.)

2 Date and place of birth: 04 26 04 (MONTH-DAY-YEAR) WESTERNPORT (CITY OR TOWN) MD (STATE OR FOREIGN COUNTRY)

3 Date and place of death: 12 14 53 (MONTH-DAY-YEAR) PAW PAW (CITY OR TOWN) WV (STATE OR FOREIGN COUNTRY)

4 Was the deceased employee survived by:

(a) An unmarried child under age ~~18~~ 22? Yes (YES OR NO) If "Yes," give name and address of such child:
all over age 22 now.

(b) An unmarried child, age 18 or older, who is unable to engage in any regular employment because of a disability which began before age 18? NO (YES OR NO) If "Yes," give name and address of such child:
(NAME) (ADDRESS)

5 List *all* of the employment performed by the deceased employee during the 12 months before his death:

NAMES OF PERSONS OR COMPANIES FOR WHOM THE EMPLOYEE WORKED	ADDRESSES	WORK BEGAN MONTH	WORK BEGAN YEAR	WORK ENDED MONTH	WORK ENDED YEAR
WESTERN MD RWY	Cumberland MD	UNK	42	12	53

6 Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the 2 years preceding the year of his death? NO (YES OR NO) If "Yes," give the following information:

(a) Kind of trade or business:

(b) Period of self-employment: From To

INFORMATION ABOUT APPLICANT

7 If you are the deceased employee's widow, give your full maiden name: ELVA ADELINE SUNDERLIN

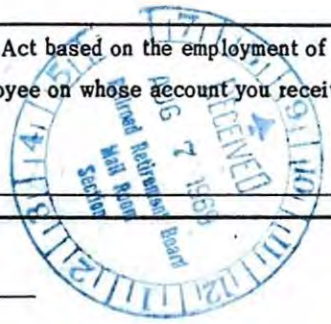
8 Have you ever had a social security account number of your own? Yes (YES OR NO) If "Yes," give:
✓ ELVA A EVANS (NAME SHOWN ON YOUR SOCIAL SECURITY CARD) 236-56-3752 (SOCIAL SECURITY ACCOUNT NUMBER)

9 Your date and place of birth: 10 13 09 (MONTH-DAY-YEAR) Forks of Capon (TOWN OR CITY)
HAMPSHIRE (COUNTY) WV (STATE OR FOREIGN COUNTRY)

10 Have you remarried since the death of the deceased employee? NO (YES OR NO) If "Yes," when did you remarry? _____ (MONTH-DAY-YEAR)

11 Have you received, or do you expect to receive, benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? NO (YES OR NO) If "Yes," give name of employee on whose account you received, or expect to receive, benefits and his RRB claim number:

_____



12 Are you receiving monthly benefits under the Social Security Act based on:

(a) Your own employment? NO (YES OR NO) If "Yes," give the amount $ _____

and date benefits began _____

(b) Any other person's employment (not your own or the deceased employee's)? NO (YES OR NO)

(c) If (b) is answered "Yes," give name of person on whose account you are receiving benefits and his social security account number: _____

13 Have you or any other person received, or do you or any other person expect to receive, benefits by reason of the death of the employee from any Federal agency other than the Railroad Retirement Board? NO (YES OR NO)

If "Yes," give name of agency: _____

14 *In the present calendar year* did you work, or do you expect to work, in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act) Yes (YES OR NO) If "Yes," give the following information:

(a) For the present calendar year, give:

NAME AND ADDRESS OF EMPLOYER OR KIND OF SELF-EMPLOYMENT	SHOW MONTH OR MONTHS IN WHICH YOU WORKED SINCE JANUARY 1 OF THIS YEAR BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE COLUMN											
	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Consolidated Orchard Co.	✓	✓	✓				✓					
Paw Paw WV 25434												

(b) *If you were employed in the railroad industry this year (or expect to be so employed),* give the date last worked (and the months you still expect to work, if any) in such employment. If you have not worked and do not expect to work in such employment, write "None." None

_____

(c) *For this entire year (January 1 through December 31)* do you expect your total earnings from employment for hire and self-employment to exceed ~~$1200~~ 1680.00? NO (YES OR NO) If "Yes," answer (1), (2), and (3) below:

(1) For this year I expect that my total earnings from employment for hire and self-employment will be $ _____

(2) List the months since January 1 of this year in which your monthly earnings did not exceed ~~$100~~ 140.00 and in which you did not render services as a self-employed person. (If none, write "None.") MAR. APR. MAY. JUNE JULY.

_____

~~$100~~ 140.00

(3) Are you now working for more than ~~$100~~ a month or rendering services as a self-employed person? NO (YES OR NO)

15

Answer this question only if the employee died before January 1 of this year:

(a) *During the preceding calendar year* did you work in employment for hire? Yes (YES OR NO) If "Yes," give the following information about all such employment, including employment in the railroad industry:

NAME AND ADDRESS OF COMPANY OR PERSON FOR WHOM YOU WORKED	MONTHLY EARNINGS BEFORE DEDUCTIONS FOR INCOME TAX, SOCIAL SECURITY, ETC.					
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
Consolidated Orchard Co. Paw Paw WV 25434	180.00	180.00	180.00	[illegible]	[illegible]	[illegible]
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
	180.00	180.00	180.00	180.00	180.00	180.00
	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(b) *During the preceding calendar year* were you self-employed? NO (YES OR NO) If "Yes," give the following information about such employment:

(1) Give your net earnings from self-employment for the preceding year: $_____

(2) State kind of trade or business: _____

(3) List the months of the preceding year in which you did *not* render services as a self-employed person. (If none, write "None.") _____

APPLICANT'S AGREEMENT

I. *A widow's or widower's insurance annuity is not payable to you for any month* in which you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn.

II. *All or part of a widow's or widower's insurance annuity is not payable to you for one or more months* if while under age 72 you work in employment for hire or perform substantial services as a self-employed person and have earnings in excess of $1200 for the taxable year. This applies to all work in employment for hire and self-employment, whether or not covered by the Social Security Act.

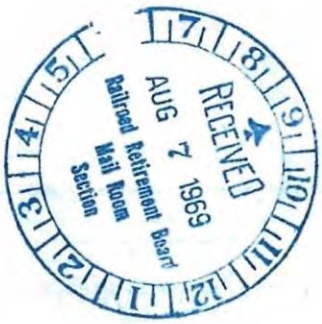
III. *A widow's or widower's insurance annuity ends* with the month before the month in which you remarry.

(QUESTIONS 16 AND 17 MUST BE ANSWERED)

16 Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described above? Yes (YES OR NO)

17 Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act based on your own employment or the employment of any other person, or if, to your knowledge, you could receive such benefits upon filing an application? Yes (YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)



CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), TWO WITNESSES WHO KNOW THE APPLICANT MUST SIGN BELOW, GIVING THEIR FULL ADDRESSES.

1. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (STATE) _____ (ZIP CODE)

2. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (STATE) _____ (ZIP CODE)

SIGNATURE OF APPLICANT:

Elmer G. Evans
(SIGN IN INK OR INDELIBLE PENCIL-DO NOT PRINT)

RR 1
(STREET AND NUMBER)

PAW PAW (CITY) MORGAN (COUNTY)

WV (STATE) 25434 (ZIP CODE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:
947-5376
(IF NONE, WRITE "NONE")

DATE SIGNED 07 (MONTH) 24 (DAY) 69 (YEAR)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY . . . . . INDIVIDUAL . . . . . WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR, OR BOTH."

FORM G-476a
(1-69)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

Employee's RRB Claim No.	D	2	7	6	4	3	9						
Employee's SSA No.													
Name of Employee	THEODORE R EVANS												
Name of Applicant	ELVA A EVANS												
Field Office No.	3	1	1	Officially Filed	MO.		DAY		YR.				
					0	7	2	4	6	9			
By	F HAMILTON												

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

I have a pamphlet (G-476) which tells how work and certain events affect a survivor annuity. The contents have been explained to me.

I understand that I must tell the Board:

- If I work for any employer in the railroad industry,
- If I will earn more than $1,680 in a year from a non-railroad job or self-employment and I am under age 72 in any month of that year,
- If at any age I file an application with the Social Security Administration for monthly benefits based on either my own or another person's earnings record,
- If at age 65 or later I am, or become, insured under the Social Security Act, whether or not I file for benefits, or
- If any other event occurs that affects my annuity.

I also understand that if I am receiving an annuity for someone else, I must report any event which affects that person's annuity.

Elva A. Evans
(SIGNATURE OF APPLICANT)

This form was signed by the applicant,

in my presence, on 07 (MONTH) 24 (DAY) 69 (YEAR)

at Cumberland (CITY) MD (STATE)

F Hamilton
(SIGNATURE OF BOARD REPRESENTATIVE)

RRB FORM G-659a
(9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE	3. RRB CLAIM NO.
		D-276439

4. NAME OF DECEASED EMPLOYEE	5. SSA NO.
Theodore R Evans	Unknown

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE
Altoona, Pa (311)	080469	☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	PERSON	MAIL	EMP.	FORM NUMBER
Elva A Evans RR 1 Paw Paw, W V 25434 947-5376	101309	widow		x			AA-17a

15. REQUIRED FORMS AND DOCUMENTS		ATT.	PREV. SUB.	TO BE SUB.
x	POD 12-14-53		x	
	POM DOM:			
x	POA AND/OR POR OF: Elva A Evans	x		
x	G-476 a	x		
	RL-94-F			
	RL-113			
	POM/S			
	PO PAYMENT B/E:			
	PO PAYMENT LI/E:			
	PO APPT. LEGAL REP.			
	DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)

☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90

☐

☐ G-73a not released

FORM APPROVED
BUDGET BUREAU NO. 70-R306

FORM G-476c (1-69)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REPORT OF FORMER WIFE-ANNUITANT

(No Entitled Child In Her Care)

RECEIVED
AUG 7 1969
Railroad Retirement Board
Mail Room Section

1. Enter your social security account number. *(If none, write "None")*

			–			–				

2. Are you receiving monthly benefits under the Social Security Act? . . . . . ☐ YES ☐ NO

If "Yes":

(a) Give date benefits began: _____.

(b) Give amount of monthly benefits: $_____.

(c) Are the benefits based on your own employment? . . . . . ☐ YES ☐ NO
If "No," give name of person on whose earnings account you are receiving benefits and his social security account number:

NAME	SOCIAL SECURITY ACCOUNT NUMBER

3. *For this entire year* (January 1 through December 31) do you expect that your total earnings from employment for hire and self-employment will exceed $1,680? . . . . . ☐ YES ☐ NO

RECEIVED
AUG 11 1969
SURVIVOR

If "Yes":

(a) Give estimated total amount of earnings for this year: $_____.

(b) Beginning with January of this year, or with the month in which your husband died if that is later:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Place "X" in box for each month in which you earned more than $140 as an employee:												
Place "X" in box for each month in which you worked in self-employment:												

(c) Are you now working for more than $140 a month or working in self-employment? . . . . . ☐ YES ☐ NO

4. *Answer this question only if the employee died before January 1 of this year.*

During the preceding calendar year did you work in employment for hire or self-employment? . . ☐ YES ☐ NO

If "Yes":

(a) Give your total earnings for last year: $_____.

(b)

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Place "X" in box for each month in which you earned more than $140 as an employee:												
Place "X" in box for each month in which you worked in self-employment:												

CERTIFICATION

KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

DATE SIGNED	SIGNATURE OF PERSON MAKING THIS REPORT
ADDRESS (NUMBER AND STREET)	CITY, STATE & ZIP CODE

RRB FORM G-659a
(9-66)

CHECK LIST FOR SURVIVOR APPLICATIONS

1. TO D/O:	2. DATE	3. RRB CLAIM NO. D-276439
4. NAME OF DECEASED EMPLOYEE		5. SSA NO.

6. EMPLOYEE DIED: COMPLETELY (FULLY) INSURED ☐ RRB ☐ SSA ☐ NEITHER	7. DOD	8. LAST RAILROAD EMPLOYER	9. ☐ WIA BEING PAID AT MA RATE	10. CHECK OUTSTANDING DATED:

11. D/O	12. DATE	13. ☐ FAST PAY CASE ☐ HQ SELECTED ☐ FIELD SELECTED ADVANCE NOTICE SENT ☐ FIELD SELECTED NO ADVANCE NOTICE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF SURVIVOR(S) OR APPLICANT(S)	DATE OF BIRTH	RELATIONSHIP OR TITLE	APPLICATION RECEIVED REQ.	PERSON	MAIL	EMP.	FORM NUMBER

15. REQUIRED FORMS AND DOCUMENTS	ATT.	PREV. SUB.	TO BE SUB.
POD			
POM DOM:			
POA AND/OR POR OF:			
G-476a			
RL-94-F			
RL-113			
POM/S			
PO PAYMENT B/E:			
PO PAYMENT LI/E:			
PO APPT. LEGAL REP.			
DEPEND. STATEMENT OF PARENT OR G-467			

16. REMARKS

17. FOR HEADQUARTERS USE ONLY update

☑ G-73a and att. released on (date)
☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90
☑ old G-73A
☐ G-73a not released

AUG 7 1968

G-659a (9-6

10 RAILROAD RETIREMENT ACT – COMPUTATIONS

CLOSING DATE	WAGES AND/OR COMPENSATION	DIVISOR	AVERAGE MONTHLY WAGE	INC. YRS	BASIC AMT O	BASIC AMT N
1-1-53	2213296	192	—	12		
1-1-54	25413,45	204	124.00	12	47.75	51.04
1-1-						
1-1-						

11 SOCIAL SECURITY ACT – COMPUTATIONS

METHOD: 1958 1960 1965 — PIA

1-1-						
1-1-						
1-1-						
1954 PIA FORMULA					1954 PIA	
1-1-						
1-1-						
1-1-						
1952 PIA FORMULA					1952 PIA	
4-1-53	689492	27	—			
10-1-53	8694,92	33	263.00		79.50	117.30 / 103.30
PIB FORMULA – OLD ☐		REV ☐	PIB METHOD ☐		PIB	

COMP.

CP

VER.

M

12 I CERTIFY THAT THIS REPORT OF SERVICE AND COMPENSATION AND RELATED DATA IS CORRECT ACCORDING TO THE PROVISIONS OF THE RAILROAD RETIREMENT AND SOCIAL SECURITY ACTS AND TO THE RECORDS OF THE BUREAU OF DATA PROCESSING AND ACCOUNTS. THE USE OF THIS DATA TO DETERMINE ELIGIBILITY FOR AND THE AMOUNT OF RETIREMENT OR SURVIVOR BENEFITS IS AUTHORIZED.

8-13-69 — DATE

[signature] — FOR DIRECTOR DATA PROCESSING AND ACCOUNTS

MAXIMUM CREDITABLE COMPENSATION

PERIOD	MONTHLY AMOUNT	ANNUAL AMOUNT
1937 - 1953	$300	$3600
1/1/54 - 6/30/54 7/1/54 - 12/31/54	300 350	3900
1955 - 1958	350	4200
1/1/59 - 5/31/59 6/1/59 - 12/31/59	350 400	4550
1960 - 1962	400	4800
1/1/63 - 10/31/63 11/1/63 - 12/31/63	400 450	4900
1/1/64 - 12/31/65	450	5400
1/1/66 and thereafter	550 (or an amount equal to 1/12 of current maximum annual taxable wages.)	6600

MAXIMUM WAGES and/or SELF EMPLOYMENT

PERIOD	AMOUNT
1/1/37 - 12/31/39	$3000 for each employer
1/1/40 - 12/31/50	3000
1/1/51 - 12/31/54	3600
1/1/55 - 12/31/58	4200
1/1/59 - 12/31/65	4800
1/1/66 and thereafter	6600

RRB FORM G-91 (9-68)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 A: FILE NAME OF EMPLOYEE OR EMPLOYEE APPLICANT: THEODORE R EVANS

B: FILE NAME OF APPLICANT: ELVA A EVANS

2 DATE	3 CARD NO.	4 SSA NO.	5 SORT CODE	6 RRB CLAIM NO.
072569	01	UNKNOWN	3	D276439

7 DOCUMENTS ESTABLISH: *("X" applicable boxes)*

TYPE CODE (COLS. 20-22): 900

		CODE	COLS.			CODE	COLS.
PROOF OF AGE OF EMPLOYEE		0	23	PROOF OF MARRIAGE		4	27
PROOF OF AGE OF SPOUSE OR WIDOW(ER)	X	1	24	PROOF OF RELATIONSHIP		5	28
PROOF OF AGE OF CHILD		2	25	PROOF OF MILITARY SERVICE		6	29
PROOF OF AGE OF PARENT		3	26	PROOF OF DEATH		7	30

A. BIRTH, RELATIONSHIP, MARRIAGE, AND NAME RECONCILIATION

8 EMPLOYEE

(a) NAME:

(b) DATE OF BIRTH: 31 MO. DAY YR. 36

(c) AGE:

(d) DATE RECORD MADE:

(e) WEIGHT OF RECORD: 37 38

9 SPOUSE OR WIDOW(ER)

(a) NAME: ELVA ADELINE SUNDERLIN

(b) DATE OF BIRTH: 44 MO. 1 DAY 0 1 YR. 49 0 9

(c) AGE:

(d) DATE RECORD MADE: 12 31 09

(e) WEIGHT OF RECORD: 50 51 5 4

10 CHILD, PARENT, OR OTHER

(a) NAME:

(b) DATE OF BIRTH: 52 MO. DAY YR. 57

(c) AGE:

(d) DATE RECORD MADE:

(e) WEIGHT OF RECORD: 58 59

11 MARRIAGE

(a) PLACE OF MARRIAGE (CITY AND STATE):

(b) DATE OF MARRIAGE: 60 MO. DAY YR. 65

(c) HUSBAND'S NAME:

(d) WIFE'S NAME:

12 NAMES OF PARENTS

(a) FATHER'S NAME:

(b) MOTHER'S MAIDEN NAME:

13 NAME RECONCILIATION, IF REQUIRED

"X" BOX(ES) TO SHOW HOW NAMES ARE RECONCILED FOR EACH PERSON (attach affidavits, if needed)

EMPLOYEE	SPOUSE OR WIDOW(ER)	CHILD, PARENT OR OTHER	MARITAL PARTNERS
WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐	WITH AFFIDAVITS ☐
WITHOUT AFFIDAVITS ☐	WITHOUT AFFIDAVITS ☒	WITHOUT AFFIDAVITS ☐	WITHOUT AFFIDAVITS ☐

B. TYPE AND AGE VALUES OF DOCUMENTS

14 TYPE OF DOCUMENT *("X" applicable box)*	VALUE	TYPE OF DOCUMENT *("X" applicable box)*	VALUE
☒ Civil Record of Birth ☐ Church Record of Birth or Baptism ☐ Notification of Registration of Birth ☐ Hospital Birth Record or Certificate	30	☐ School Record ☐ Vaccination Record ☐ Insurance Record	15
☐ Physician's or Midwife's Birth Record ☐ Bible or other Family Record	25	☐ Labor Union or Fraternal Record ☐ Employer's record ☐ Census or Draft Registration Record	10
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport	20	☐ Other Records Not Classified Above *(Specify)*	5

15 AGE OF DOCUMENT *("X" applicable box)*	
RECORDED - YEARS AFTER BIRTH	VALUE
☒ Record made within 1 year	24
☐ Record made 1 through 10 years	21
☐ Record made 11 through 20 years	18
☐ Record made 21 through 30 years	15
☐ Record made 31 through 40 years	12
☐ Record made 41 through 50 years	9
☐ Record made 51 through 60 years	6
☐ Record made 61 through 70 years	3

C. MILITARY SERVICE

16 NAME OF PERSON AS SHOWN ON EVIDENCE		17 DATE OF BIRTH OR AGE	18 DATE BIRTH OR AGE RECORDED
19 RANK	20 BRANCH (ARMY, NAVY, ETC.)	21 SERIAL NO.	
22 DATE ENLISTED OR INDUCTED	23 DATE ENTERED ACTIVE DUTY	24 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY	

25 MEANS OF ENTRY INTO SERVICE: ☐ INDUCTED ☐ CALLED FROM INACTIVE DUTY ☐ ENLISTED ☐ RE-ENLISTED ☒ COMMISSIONED

26 CHARACTER OF DISCHARGE	27 KIND OF DOCUMENT

RECEIVED AUG 7 1968 Railroad Retirement Board Mail Room Section

D. DEATH

28 NAME OF DECEASED AS SHOWN ON EVIDENCE	29 DATE OF DEATH

30 PLACE OF DEATH (CITY AND STATE)	31 KIND OF DOCUMENT ☐ DEATH CERTIFICATE

E. INSTRUCTIONS FOR COMPLETING THIS FORM:

32 *Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is not shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the type value (Item 14) to the age value (Item 15) and enter the total weight value in Items 8(e), 9(e) or 10(e), depending on whose birth date is being established. If multiple documents are used as proof of age for two or three persons, show a symbol after the type and the age of the document as follows:*

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

F. REMARKS AND CERTIFICATION

33 REMARKS:

34 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

UNIT OR FIELD OFFICE	SIGNATURE & TITLE OF TRANSCRIBER
Altoona PA 311	
	SIGNATURE & TITLE OF REVIEWER

G-91 (9-68)

RRB FORM G-73a (4-65)

REQUEST FOR CERTIFICATION OR TRANSFER–SURVIVOR CLAIM

1 WAGE REQUEST FORWARDED TO SSA

DATE W

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

EVANS T. R.

☐ FOREIGN RESIDENT

3 RRB CLAIM NO. D-276439

8 SSA NO. 236-22-5076

4 DATE OF DEATH	5 DATE OF BIRTH	6 FEMALE	7 PRIOR S.M.
4-26-04	12-14-53	☐	—

9 OASI LAG EMPLOYERS AND ADDRESSES — FROM — TO

10 MILITARY SERVICE —

BRANCH _____

FROM _____ TO _____

FROM _____ TO _____

VERIFIED BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED

11 ☐ APPL. F/D OR ☐ DLW —

12 ☐ DEC'D WAS A PENSIONER $ _____ (AMT. OF PEN.) $ _____ (AV. MO. EARN.)

☐ DEC'D REC'D ANN. BEFORE 1948 BASED ON AT LEAST 10 YRS. SERVICE $ — (AV. MO. COMP.)

13 EFFECTIVE DATE(S) OF ANNUITY —

14 DISABILITY FREEZE ESTABLISHED FROM _____ TO _____

DISABILITY FREEZE ESTABLISHED BY SSA ☐ YES ☐ NO

15 LAG CODES ☐ (1) ☐ (2) ☐ (3) ☐ (4)

16 YEAR BEFORE DEATH LAG

17 YEAR OF DEATH LAG

YR	SM	COMP.	YR	SM	COMP.

18 ☑ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE	TYPE
(21) ☐	"A" CASE
(22) ☐	"A" CASE WITH AMC
(23) ☑	INITIAL "D"
(24) ☐	AME (PENSIONER)
(25) ☐	PA (PENSIONER)
(45) ☐	GROSS RESIDUAL ONLY
(46) ☐	RRB TRANSFER

20 TYPE OF PAYMENT:

A ☐ LUMP SUM

B ☑ MONTHLY ANNUITY O/M COMP. REQ'D.

C ☐ UNKNOWN O/M COMP. REQ'D.

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION

B ☐ RESIDUAL PAID ELECTION MADE

C ☐ RESIDUAL PAID-NO ELECTION SA OR LSDP TO _____

D ☐ CLAIMS MATERIAL ATTACHED

E ☐ BENEFITS DEDUCTIBLE FROM GROSS RESIDUAL $ _____

SIGNED _____

DATE _____

22 REMARKS:

EXAMINER	UNIT	DATE
		AUG 1 1 1965

G-73a (4-65)

039127

ISTRATIVE VOUCHER NO.

INAL ERT. ⑨ ☐ SUSP./REINSTATE.
PARTIAL ERT. ③ ☐ REINST.-RECERT.
ECERT. ⑦ ☐ SUSP./REINSTATE. RECERT.
EINST. Ⓨ ☐ FORM PARTIALLY COMPLETED

3. EMPLOYEE'S MARITIAL STATUS AT DEATH
MALE ⓪ ☒ MARRIED ① ☐ S. W. D.
FEMALE ③ ☐ MARRIED ④ ☐ S.W.D.

4. RRA ① ☒ COMP.INS. ⑤ ☐ PART.INS. | SSA

AMR AMC MO. EARN.	INCR YRS.	BASIC AMT.	AMW	PIA
$ 124.00	12	$ 51.04	$ 263.00	$ 117.30

5. CLAIM NO. W D 2 7 6 4 3 4

6. DECEASED EMPLOYEE Theodore R. Evans

7. EMPLOYEE'S S.S.A NO. 2 3 6 2 2 5 0 7 6

8. DATE OF BIRTH 4-26-04

9. DATE OF DEATH 12-14-53

ION

L MONTHS OF SERVICE:

'S	$
	$
	$

11. MILITARY SERVICE USED

	USED-NO REDUCTION	USED REDUCTION	NOT USED
M/S BEFORE 1937 OR AFTER 6-63	⑧ ☐	⑨ ☐	③ ☐
M/S AFTER 1936 AND BEFORE 7-63	⑥ ☐	⑦ ☐	② ☐

12. ⑥ ☐ SPOUSE MIN.$ AMC$

13. RR ACT MAX. ☐ $207.15 $ ☐

14. O/M ☐ MAX.$ ⑦ ☒ NO I.P.I. ⑧ ☐ I.P.I.

15. ③ ☐ PORTION OF ANNUITY WAIVED

LAIM ILED	RR ACT FORMULA: BASIC RATE	TABLE OR MIN.	REDUC-TION FOR SS ENT.	REDUC-TION FOR AGE	REDUC-TION FOR M/S	ADJUSTED ANNUITY	SS ACT FORMULA: ORIGINAL BENEFIT	OTHER ① ☐ RA ② ☐ SS	ADJUSTED BENEFIT	O/M RATE	ACT. ADJ.	✓ ACCT NO.	SSA ACCOUNT NO. OR CLAIM NO.	✓ CLM NO.
11-69	$ 51.04	$ 13 34	$	___ X.003 $	$	$ 64 38	$	$	$	$ 106.50	$	✓	2 36 56 37	52

5) 11-11-69

) PAYMENTS

TO	NO. MOS.	AMOUNT
11-69	1	$ 106.50
DATE EFF.		SMIB PREM. ▶

DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)

MO. RATE	FROM	TO	NO. MOS.	AMOUNT
$				$
RECOVERY FOR: ④ RUIA ACCT. $			SSA $	
$				$

NET AMOUNT DUE $

19. SMIB ENROLLMENT CODES

① 1ST ENROLL. ⑤ 2ND ENROLL.
② NO RESPONSE ⑥ 2ND TERM.
③ NOT ENROLLED ⑦ SSA JURISDICTION
④ 1ST TERM. ⑧ PREM. PAID BY STATE
⑨ DUAL ANNUITANT

ONE PAYMENT ONLY ☐ RECURRING PAYMENT ☒

SS OF PAYEE AS THE CLAIMANT OR AS REPRESENTIE CLAIMANT WHOSE NAME ALSO APPEARS BELOW

LAST PREVIOUS MO. RATE	$
MO. RATE OR SHARE	$
SMIB PREMIUM	$
MO. RATE PAID	$
NET AMOUNT PAID	$ 106.50

REPRESENTATIVE PAYEE:

A. Court appointed payee ① ☐
B. Payee-neither court appointed nor parent ② ☐
C. Parent for child(ren) ③ ☐

RESEARCH USE

DATE 10-23-69 | COMPUTER | DATE | AUTHORIZER NH Reeves 259 | DATE 10-29-69

G-364 (2-68)

RRB FORM G-663 (4-68)

CODE SHEET (SURVIVORS)

CLAIM NO. (COLS. 2-11): D — 2 7 6 4 3 7

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

COLUMN 20 TYPE OF ACTION	CODE	COLUMN 22 STATUS OF APPLICATION	CODE	COLUMN 23 TYPE OF DISPOSITION	CODE	COLUMN 24 TYPE OF APPLICATION	CODE	25 - 26 NO. OF APP.
RECEIPT	7	NEW APPLICATION	0	FINAL CERTIFICATION	0	AA-17 or AA-17a	1	
DISPOSITION	8	REACTIVATED	1	CLOSED WITHOUT AWARD	1	AA-17b and AA-17 or AA-17a	8	
		RECERTIFIED	2	PARTIAL CERTIFICATION	5	AA-18	2	
						AA-19	3	
						AA-19a	4	
						AA-19s	7	
						AA-20	5	
						AA-21, AA-21a, G-126, AA-3	6	

RECEIPTS

21	22	23	24	25	26	/	CLERK
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					
3		0					

DISPOSITIONS

21	22	23	24	25	26	DATE 32	33	34	35	36	37	G-184 69	PRODUCTION REPORT I 71	D 72	EXAM 73	74	75	I 76	D 77	AUTH 78	79	80	/	CLERK
3	2	0	1	0	1	1	3	0	6	9	-	—	—	2	6	2	—	—	2	7	1	5		
3																								
3																								
3																								
3																								
3																								
3																								
3																								
3																								
3																								

SECTION II - TICKLER DATES

CODE (19)	ORGANIZATION UNIT	CODE (16-17)	REASON FOR CALL-UP
0	D & H	01	ERRONEOUS PAYMENTS
2	SCREENING	02	ERRONEOUS PAYMENTS TRACER
5	SB	03	REINSTATEMENT OF PAYMENTS
6	SA	04	OUTSTANDING CHECK NOT DUE
8	P & A		
		11	INVESTIG. OF EMP. & EARN.
W	WRP		
X	SQI		
	SPECIAL CODES	52	DEFERRED LUMP SUM PAYABLE
		53	RESIDUAL PAYABLE
N	RELEASE ANNUAL POLICING FORM		
9	RELEASE POLICING FORM JAN 1		

CODES (16-17)	CODES (19)	CALL-UP DATE	EXAM.		DATE COMPLETED	EXAM.	
99	9	1-72	W	X			
							99
							99
							99

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV - NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

G-663 (4-68)

FORM RL-43 (10-66) U. S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 **NOTICE OF INSURANCE ANNUITY AWARD**	*When Writing to the Board, Always Give:* THE DECEASED EMPLOYEE'S NAME *and* THIS CLAIM NO. ➡ D-276439	DATE NOV 3 1969

An insurance annuity has been awarded under the Railroad Retirement Act to each person listed below.

Name	*Monthly Rate*	*Beginning*
Elva A. Evans	$106.50	October 1, 1969

The enclosed check covers the amount due through October 31, 1969

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding your claim.

Enclosure
Check 512

sm 10-27

D. M. Smith
Director of Retirement Claims

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

RTC 11-27

PC 1

MECHANICAL ADJUSTMENT RECORD

O/M FORMULA

TYPE OF BEN.	MONTHLY RATE PAID			ADJUST. CHECK		CLAIM NUMBER
	OLD RATE	NEW RATE	EFF. DATE	DATE	AMOUNT	
W	106.50	122.50	0170	0470	154.50	D-276439

EMP. RATE* BASIC AMT.	OM PIA	REDUCTIONS FOR			
		EARLY RETIRE.	S S A BENEFIT	SMIB	ACT. ADJ.
51.04	134.90			0	

1969 SS ACT AMEND

TYPE OF BEN.	MONTHLY RATE PAID			ADJUST. CHECK	
	OLD RATE	NEW RATE	EFF. DATE	DATE	AMOUNT

EMP. RATE* BASIC AMT.	OM PIA	REDUCTIONS FOR			
		EARLY RETIRE.	S S A BENEFIT	SMIB	ACT. ADJ.

* ON WHICH SPOUSE ANNUITY IS BASED

RRB FORM G-364a (2-70)
13965
142743

DETERMINATION OF AWARD

INSURANCE ANNUITY
D 276439

1. VOUCHER NO. 05-15-71-489

2. (X) ☐ FINAL CERT. (X) ☐ SUSP./REINSTATE. (1) ☐ PARTIAL CERT. (2) ☐ REINST.-RECERT. (1) ☐ RECERT. (2) ☐ REINSTATE. (3) ☐ SUSP./REINSTATE, RECERT. FORM PARTIALLY COMPLETED

3. CLAIM NO. WD 276439

4. DECEASED EMPLOYEE

5. EMPLOYEE'S SSA NO. 236-22-5076

6. EMPLOYEE'S MARITAL STATUS AT DEATH
MALE (2) ☒ MARRIED (1) ☐ S.W.D.
FEMALE (2) ☐ MARRIED (1) ☐ S.W.D.

7. DATE OF BIRTH 04-04

8. DATE OF DEATH 12-53

9. RRA (1) ☒ COMPLETELY INSURED (2) ☐ PARTIALLY INSURED

12. MILITARY SERVICE REDUCTION
(A) MONTHS OF M/S: TOTAL MONTHS OF SERVICE:
(B) INCREASE RESULTING FROM M/S $
(C) AMOUNT OF OTHER BENEFITS $
(D) M/S RATIO: REDUCTION $

13. MILITARY SERVICE USED | M/S BEFORE 1937 OR AFTER 6-63 | M/S AFTER 1936 AND BEFORE 7-63
USED-NO REDUCTION (3) ☐ (4) ☐
USED REDUCTION (2) ☐ (2) ☐
NOT USED (3) ☐ (3) ☐

14. ORIGINAL ANNUITY BEGINNING DATE 10-01-69

15. PORTION OF ANNUITY WAIVED (2) ☐

16. BENEFICIARY DATA

PC	SYM	RELATIONSHIP OR NAME	DATE OF BIRTH	DATE CLAIM FILED	CHECK BOX	SSA NUMBER OWN OR OTHER	?	SS BENEFIT (1) 1967 RATE (2) 67% x 1967 RATE	1969 SS BEN.	REDUCTION EFFECTIVE MO. / YR.
1	W		10-13-09		X	236 56 3752		$ (1) ☐ (2) ☐	$	
								$ (1) ☐ (2) ☐	$	
								$ (1) ☐ (2) ☐	$	
								$ (1) ☐ (2) ☐	$	
								$ (1) ☐ (2) ☐	$	

AMR / AMC MO. EARN. $ 124.00 | INC. YRS. 12 | BASIC AMOUNT $ 51.04

MAXIMUM ☐ $207.15 ☒ $ 136.07

10. SPOUSE MINIMUM (ROUNDED) (2) ☐ $ AMC $

11. SSA | AMW $ 263 | PIA $ 148.40

O/M MAXIMUM (1) ☒ TABLE MAX. $ 254.65 NO. IPI (2) ☒
(3) ☐ SAVING CLAUSE $ IPI (4) ☐

17. RR ACT FORMULA COMPUTATION

PC	SYM	BASIC RATE	TABLE OR MIN. INC. (+)	RED. FOR 1967 SS BEN. (-)	ANN. BEFORE 1970 INCREASE	1970 INCREASE (+)	RED. FOR 1969 SS BEN. (-)	RED. FOR AGE (-)	RED. FOR M/S (-)	RR FORMULA ANNUITY (UNROUNDED)
1	W	$ 51.04	$ 13.34	$	$ 64.40	$ 9.66	$	$	$	$

18. SS ACT FORMULA COMPUTATION

ORIGINAL BENEFIT	OTHER BEN. (1) ☐ RA (2) ☐ SS	RED. FOR AGE	ADJUSTED BENEFIT	TOTAL O/M GUARANTY	
$ 122.50	$	$	$ 122.50	(A) TOTAL OF ORIGINAL BEN. COLUMN	$ 122.50
				(B) TOTAL OF ADJUSTED BEN. COLUMN	$ 122.50
				(C) 10% x (A)	$ 12.25
				(D) TOTAL GUARANTY (B) + (C)	$ 134.75

19. MONTHLY ANNUITY

RR (UNROUNDED)	O/M (X)	ACTUARIAL ADJUST.	MONTHLY ANN. PAYABLE (ROUNDED)
$	$	$ 134.80	

20. AGE REDUCTION COMPUTATION
(A) RR FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $ } $
(B) O/M FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $ } $

21. SMIB ENROLLMENT CODES
(1) 1ST ENROLL. (2) NO RESPONSE (3) NOT ENROLLED (4) 1ST TERM. (5) DUAL ANNUITANT
(6) 2ND ENROLL. (7) 2ND TERM. (8) SSA JURISDICTION (9) PREM. PAID BY STATE

22. REMARKS

1971 SSA AMENDMENT ADJUSTMENT

BENEFICIARIES IN CPS FOR THIS PC 1

TOTAL FAMILY IN CPS AND SUSP 1

23. PAYMENT SUMMARY

PC	SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	AMOUNT	NET AMOUNT DUE
1	W	$ 134.80	01-01-71	05-31-71	$ 674.00	$ 122.50	01-01-71	04-30-71	$ 490.00	$ 184.00

RECOVERY FOR (1) RUIA $ SSA $

24. SMIB CODE | 25. SMIB EFFECTIVE DATE | SMIB PREM. ▶ $

26. CERTIFICATION OF PAYMENT ONE PAYMENT ONLY ☐ RECURRING PAYMENT ☒

PAYEE CODE 1 | NAME & ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW

ELVA A EVANS
RR 1
PAW PAW WV 25434

5-1-71 CK
NEW RATE
7-1-71 CK

LAST PREVIOUS MONTHLY RATE	$ 122.50
MONTHLY RATE OR SHARE	$ 134.80
SMIB PREMIUM	$
MONTHLY RATE PAID	$ 134.80

REPRESENTATIVE PAYEE:
A. Court appointed payee (1) ☐
B. Payee-neither court appointed nor parent for child (3) ☐
C. Parent for child(ren) (2) ☐

RESEARCH USE

Paw Paw, Wva
Oct. 21 - 1971

Rail Road Retirement Board
Chicago Ill.

Dear Sirs

I am going to make more Wages this year than 1680.00 if I keep on working till the last of Dec. 71

I would like to know what the procedure is for paying back what I make over the stated amount. Will it be withheld from my retirement check. Or could it be sent back as a personal Check.

Claim No.
D276439

Thank you
Elva A. Evans
~~P.O.~~ Box 63
Paw Paw, Wva 25434

RL-167a
(1-68)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

OCT 28 1971

BUREAU OF RETIREMENT CLAIMS

Mrs. Olive A. Evans
RR 1
Pow Pow, W.Va. 25434

WHEN WRITING TO THE BOARD ALWAYS GIVE
THIS CLAIM NO. → D.276439

Your annuity has been suspended because you reported that your annual earnings will exceed $1680. Based on this estimate, an annuity cannot be paid to you for the rest of this year.

When you earn more than $1680 a year, your total annuities for the year can be reduced by $1 for every $2 that you earn from $1680 to $2880. For every $1 that you earn over $2880, your total annuities can be reduced by $1. However, you will not lose your annuity because of work for any month in which you are age 72 or over, or in which you did not earn wages of more than $140 and did not render substantial services as a self-employed person.

Annuity payments not due you based on your estimated earnings will be withheld in units of full monthly payments. The number of monthly payments withheld is determined by dividing the total amount to be withheld by the amount of your monthly annuity payments; any resulting fraction is counted as a whole month. At the end of the year we will make a final adjustment in your annuity payments based on your actual earnings.

Complete and return the enclosed Form G-377 when any of the conditions described under item 2 on the face of the form exist.

Very truly yours,

DMSmith

D. M. Smith
Director of Retirement Claims

Enclosure
G-377

Rwoolheight

CERTIFICATION OF SERVICE AND COMPENSATION – BASIC AMOUNT AND PIA DETERMINATIONS

A YEAR	B COMP. SERV. MOS.	C WAGE QC MOS. EMP. PATTERN	D WAGE & COMP QC	E WAGE BE	F WAGE AQ	G COMP M/S QC	H WAGE M/S PATTERN	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
1937 THRU 1950									
3600 51 3600									
52									
53									
3600 54 3900									
4200 55 4200		AAAA	4		4			W899.69	899.69
56		AAAA	4		4			W662.64	662.64
57		AAAA	4		4			W775.08	775.08
58		AAAA	4		4			W788.25	788.25
4800 59 4550		AAAA	4		4			W957.35	957.35
4800 60 4800		AAAA	4		4			W935.46	935.46
61		AAAA	4		4			W1,162.97	1,162.97
62		AAAA	4		4			W1,090.65	1,090.65
4800 63 4900		AAAA	4		4			W1,201.87	1,201.87
4800 64 5400		AAAA	4		4			W905.92	905.92
65		AAAA	4		4			W1,125.88	1,125.88
6600 66 6600		AAAA	4		4			W1,012.90	1,012.90
67		AAAA	4		4			W1,347.72	1,347.72
7800 68 7800		AAAA	4		4			W1,570.50	1,570.50
69		AAAA	4		4			W1,610.28	1,610.28
70		AAAA	4		4			W1,675.48	1,675.48
71									
72									
73									
74									

2 REQUEST RECORD INFORMATION

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DATE OF BIRTH MO	DAY	YR	E SEX	F TYPE OF REQUEST
EVANS EA	236-56-3752	2276439	10	13	09	F	AJX

G DATE OF DEATH MO	YR	H APPL. DATE QTR	YR	I ANN. BEG. DATE MO	DAY	YR	J COMP. AT ABD ALLOC.	K ALLEG. RIC	L YR. AGE 65	ATTAINMENT	M REQ. UNIT	N REQ. BUREAU
											SB	

3 DP & A MASTER FILE INFORMATION

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DOB MO	YR	E LAST YR. SERV. ICC	YR	F DATE FORM(S) PREPARED
	NO MSTR RCRD						10 27 71

G COMPENSATION DATA	SM	COMPENSATION	H SM THRU 1936	I INC. YRS.	J INAC. INCOR. ACCT.	K LAST YR. ACT.	L EARMARKINGS SS	RSI	GF	DF	UI-87
TOTAL THRU AGE 65											
TOTAL TO DATE			M GROSS RES.				N EMPLOYER NOS.				A D D
CRED. M/S			O GROSS RES. INCL. M/S								
TOTAL INCL M/S			P 1939 GROSS AMT.				Q PAYROLL IDENT. NO.				

4 SSA WAGE TAPE INFORMATION

A PEND. IND.	B NAME	C DOB MO	YR	D SEX	E BEN. STAT.	F DIS. FRZ.	G REQ. QC	H ACQ. QC	I MULT. ACCT. NO.	J PRIOR CLAIM ACTION
	EVANS	10	09	F	D		23	40		OA-

K SSA WAGES TO DATE	L PIA WAGES ONLY	M FORM RELEASED
17,722.64	84.50	RR- 6

5 SSA MASTER BENEFIT RECORD (MBR) INFORMATION

A NAME	B DATE OF BIRTH MO	DAY	YR	VER.	C SEX	D RR CRED.	E BIC	F LAF. CODE	G CURRENT PIA

H BENEFIT DATA MO	YR	MO. RATE	MO	YR	MO. FAM. RATE	I FOURTH RATE	J PART RATE	K TERM DATE MO	YR	L BENEFICIARIES A	B	C	D	E	F	OTHER

M CROSS REFERENCE NUMBER	N HIB EFF. MO	YR	O SMIB EFF. MO	YR	P SMIB PREM.

6 COMPUTATIONS – RRB

C/D		DIVIDEND	D/M	AMR/AMW	I/Y	BASIC AMT./ PIA/ANN.	FORMULA	BASIC AMT./PIA

COMPUTATIONS – SSA

7 WAGE QC PATTERN

N – NO QC
C – WAGE QC
S – SELF-EMPLOYED QC
A – AGRICULTURE QC
M – MILITARY QC
G – GIFT AC
L – LESS THAN $50 OR A CREDIT QC

RR MOS. EMP. PATTERN

0 – NO SERVICE
1 – 1ST MONTH
2 – 2ND MONTH
3 – 1ST & 2ND MOS.
4 – 3RD MONTH
5 – 1ST & 3RD MOS.
6 – 2ND & 3RD MOS.
7 – 1ST, 2ND & 3RD MOS.

8 REMARKS

NO MSR ON FILE

SSA FORM G-99 (4-70)

RRB FORM G-96 (9-70)

TERMINATION OR SUSPENSION OF PAYMENTS; DELETION OF HI RECORD

1 RRB CLAIM NO. (COLS 2-13) — SYM & PREFIX | SSA | CLAIM NUMBER

2 VOUCHER NUMBER

3 NAME OF PAYEE OR HI BENEFICIARY

TERMINATION

INSURANCE ANNUITANT

*41 Beneficiary died
*42 Child attained age 18; disabled child recovered; student attained age 22; OR disabled widow recovered
*44 Child married or adopted, or widow or parent remarried
43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery
45 Widow's current annuity terminated by last child's death, marriage, or adoption
*46 Beneficiary entitled to equal or greater benefits
*47 Student ceased full-time school attendance
61 Cancellation of application or award

SPOUSE ANNUITANT

✓ 51 Spouse died
53 Spouse under age 65 no longer has child in her care
57 Spouse divorced
59 Annuitant's or pensioner's benefit terminated
61 Cancellation of application or award

RET. ANNUITANT OR PENSIONER

✓ 01 Annuitant or pensioner died
08 Disability annuitant recovered
61 Cancellation of application or award

SUSPENSION

INSURANCE ANNUITANT

*11 Beneficiary in employer service
*12 Beneficiary under age 72—earnings exceed $1,680 per year
14 Widow does not have entitled child in her care
16 Payee not determined
16 Withdrawn for investigation
16 Recovery of an erroneous payment
16 Other (See Item 11 or 12)

SPOUSE ANNUITANT

52 Spouse in employer service
58 Annuitant's benefit suspended
56 Other (See Item 11 or 12)

RET. ANNUITANT OR PENSIONER

02 Returned to employer service--Sup Ann ent. not affected
05 Returned to employer service--Sup Ann ent. terminates
07 Returned to LPS
09 Disability annuitant earned more than $200 in a month
06 Other (See Item 11 or 12)

12 REMARKS

UNIT AND INITIALS | DATE

DELETION OR CORRECTION OF HI RECORD ONLY

*01 Employee HI beneficiary died
*12 Record status changed to "annuity in suspense"
*29 State Buy-in Accretion
*41 Survivor (IPI) HI beneficiary died
*51 Spouse HI beneficiary died

4 CLAIM STATUS CODE (COL 14)
ENTER "7" if deleting HI record only.
ENTER "9" if a constructive award or supplemental annuity tax credits are being deleted for a period before the month indicated by a prior suspension or termination. Otherwise leave blank.

5 ACTIVITY CODE (COL 15) 1

6 PAYEE CODE (COL 16)

7 MONTHLY RATE (COLS 18-22)

8 TERMINATION, SUSPENSION, OR DELETION CODE (COLS 23-24)

9 *Show beneficiary's DOB — MONTH | DAY | YEAR
✓Show beneficiary's DOB if over age 64 years and 8 months (COLS 25-30)

10 DATE (1)PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED, (2)HI COVERAGE TERMINATED OR (3)SUP. ANN. TAX CREDITS DELETED. (COLS 31-34) — MONTH | YEAR

11 CODE FOR EDP RELEASE OF SUSPENSION NOTICE (COLS 35-37)

Code	Reason for Adjustment
151	Deduct for SMI
152	Stop deducting for SMI
161	SSA benefits
162	Wife ent. to MA
163	Ent. to SUP ANN
164	Child age 18
165	Child married

Code	Reason for Adjustment
166	Child is no longer an FTS
167	Child employed
168	Child ceased employment
169	Payee has excess earnings
170	Family member (not payee) has excess earnings

G-96 (9-70)

11/1/71

FORM APPROVED
O. M. B. NO. 70-R0221

FORM G-377
(5-71)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REPORT CONCERNING EMPLOYMENT

RRB CLAIM NO. A-2764/39

NAME OF DECEASED EMPLOYEE Herbert R. Evans

(READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING ITEM 2)

1. Name of insurance annuitant whose payments have been suspended Elva R. Evans
(FIRST) (MIDDLE) (LAST)

2. The insurance annuitant named in item 1

(a) ☐ Expects to earn $1680 or less during the current taxable year.

(b) ☑ Expects to earn less than $ 1949.60 during the current taxable year.

If this item is checked, state expected amount of earnings $ 1800.00

(c) ☐ Did not work for wages of more than $140 per month in employment for hire, and has not rendered service in self-employment, after _____
(MONTH) (YEAR)

(d) ☐ Stopped working for _____, an employer under
(NAME OF RAILROAD)
the Railroad Retirement Act, on _____
(MONTH) (DAY) (YEAR)

CERTIFICATION

KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

NOTE: If this certificate is signed by mark (X), two witnesses or a Board representative must sign below.

SIGNATURE OF PERSON MAKING REPORT
Elva R. Evans

1. NAME

STREET ADDRESS

CITY AND COUNTY
Paw Paw, Morgan

STATE AND ZIP CODE
W. Va. 25434

2. NAME

TELEPHONE NUMBER
947-5376

DATE SIGNED (MONTH, DAY, YEAR)
Nov. 1 - 1971

RAILROAD RETIREMENT BOARD

LEAD AND/OR REQUEST TO SSA FOR BENEFIT DATA

RR-6 (11-69)

1 NAME AND ADDRESS	2 SS ACCOUNT NO.	3 RRB CLAIM NO.	4 RRB UNIT
ELVA A EVANS RR 1 PAW PAW WV 25434	236-56-3752	D-276439	ATTAINMENT SB

5 DATE OF BIRTH	6 DATE OF RELEASE
10-13-09	10-27-71

7 REASON FOR REQUEST: LEAD - NO PRIOR CLAIM ACTION

☐ LEAD - NOT INSURED ON BDPA E/R BUT ALLEGES SUFFICIENT ☐ LAG ☐ M/S ☐ RR SERVICE

8 ☐ SSA DISTRICT OFFICE

PO BOX 737
MARTINSBURG WV 25401

9 [X] SURVIVOR

SS GUARANTY RATE $ 134.80 RR BASIC RATE $ 51.04

10 DO REPORT

INSTRUCTION: Complete this item and return original to RRB. If claim filed, forward copy to reviewing office - with the claims material if you still have it.

(a) WAGE EARNER

[X] CLAIM NOT FILED ☐ CLAIM WITHDRAWN ☐ CLAIM DENIED (REASON) _____

☐ ENTITLED TO: ☐ RIB ☐ DIB PIA $ _____ BENEFIT $ _____ EFF. _____

PIA $ _____ BENEFIT $ _____ EFF. _____

FILING DATE _____

(b) AUXILIARY BENEFICIARIES ☐ NONE HAVE FILED ☐ THE FOLLOWING HAVE FILED:

NAME	DOB	FILING DATE	BENEFIT RATE OR REASON FOR DENIAL	EFF. DATE OF RATE

(c) ENTITLEMENT ON ANOTHER ACCT. NO. _____ NAME OF W/E _____

TYPE OF BENEFIT _____ MO. RATE $ _____ EFF. DATE _____

FILING DATE _____ MO. RATE $ _____ EFF. DATE _____

BY SSA DO AT Martinsburg, WV DATE 11-04-71

11 REMARKS ☐ BY RRB ☐ BY DO

RRB FORM NO. G-24 (10-55)

CLAIM NUMBER D-276439

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED G-19A

RELEASED TO

OTHER ACTION:

1-8-72
(DATE)

L. India
(EXAMINER)

RRB Chicago

358.78
285.97
234.05
158.87
34.87
140.27
176.69
144.15
128.59
189.09
1,851.33 T

Theodore Evans

FORM APPROVED
O.M.B. NO. 70-R0274

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

FORM G-19a (Gree
(1-72)

ANNUAL REPORT

236-22-5076

ENTER YOUR RRB CLAIM NUMBER D 2 7 6 4 3 9

1. **AFTER 1970**, did you: BC-S
   A. Work for an employer in the railroad industry? . . . . . ☐ YES ☑ NO
   If "Yes," give:

NAME OF EMPLOYER	DATE WORK BEGAN	DATE WORK ENDED

   B. Marry? . . . . . ☐ YES ☑ NO
   If "Yes," give:

DATE OF MARRIAGE

   C. Get a new social security account number? . . . . . ☐ YES ☑ NO
   If "Yes," give:

NEW ACCOUNT NUMBER

   D. Begin to receive monthly benefits from the Social Security Administration? . . . ☐ YES ☑ NO
   If "Yes," give:

MONTHLY RATE	DATE BENEFITS BEGAN
$	
NAME OF PERSON ON WHOSE EARNINGS BENEFIT IS BASED	THAT PERSON'S ACCOUNT NUMBER

2. Did you earn **MORE THAN $1,680** in the calendar year 1971? . . . . . ☑ YES ☐ NO
   If "Yes," complete A through D:
   A. Social security account number: . . . . . 2 3 6 – 5 6 – 3 7 5 2
   B. Total earnings from employment and self-employment in 1971. *(Include GROSS earnings from ALL employment for hire and NET earnings from self-employment)* 1 8 5 1 DOLLARS 3 3 CENTS
   C. Name of employer: Consolidated Orchard Co.
   D. Give the information asked for below:

1971	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Show amount you earned each month as an employee	358.78	285.97	234.05	158.87		
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
	34.87	140.27	176.69	144.15	128.59	189.09

1971	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Show "X" for each month worked as a self-employed person												

1 PD

3. Do you expect to earn **MORE THAN $1,680** in the calendar year 1972? . . . . . ☐ YES ☑ NO
   If "Yes," complete A and B:
   A. Total expected *earnings* for entire year 1972. . . . $ _____
   B. Are you now working? . . . . . ☑ YES ☐ NO

4. **ANSWER THIS QUESTION ONLY IF YOU ARE A STUDENT, AGE 18-21.**
   After September 1971, have you:
   A. Stopped attending school full time? . . . . . ☐ YES ☐ NO
   If "Yes," give:

DATE YOU STOPPED SCHOOL OR BECAME PART-TIME STUDENT

   B. Changed schools? . . . . . ☐ YES ☐ NO
   If "Yes," give:

NAME AND ADDRESS OF PRESENT SCHOOL

Rev 1-25-72 RW

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

Jan 12, 1972 — (DATE SIGNED)

Elva A. Evans — (SIGNATURE OF PERSON MAKING THIS REPORT)

RRB FORM G-364 (6-71)

DETERMINATION OF AWARD INSURANCE ANNUITY

1. VOUCHER NO. 72 144

2. ⑧ ☐ FINAL CERT. ⑧ ☐ SUSP./REINSTATE. ⑨ ☐ PARTIAL CERT. ⑨ ☐ REINST.-RECERT. ① ☐ RECERT. ⑤ ☐ SUSP./REINSTATE. RECERT. ② ☒ REINSTATE. ⑦ ☐ FORM PARTIALLY COMPLETED

3. CLAIM NO. WD 276439

4. DECEASED EMPLOYEE Theodore R Evans

5. EMPLOYEE'S SSA NO. 236225016

6. EMPLOYEE'S MARITAL STATUS AT DEATH
MALE ⑤ ☐ MARRIED ① ☐ S. W. D.
FEMALE ⑥ ☐ MARRIED ④ ☐ S. W. D.

7. DATE OF BIRTH

8. DATE OF DEATH

9. RRA (A) INSURED STATUS ① ☐ COMPLETELY INSURED ⑤ ☐ PARTIALLY INSURED

(B) AMR AMC MO. EARN. $

(C) INC. YRS.

(D) BASIC AMOUNT $

(F) MAXIMUM ☐ $207.15 ☐ $

10. SPOUSE MINIMUM (ROUNDED) ⑤ ☐ $ AMC $

11. SSA (A) AMW $ 263 (B) PIA $ 148.40

(C) O/M MAXIMUM ① ☐ TABLE MAX. $ ② ☐ SAVING CLAUSE $

(D) NO IPI ⑦ ☒ IPI ⑧ ☐

12. MILITARY SERVICE REDUCTION
(A) MONTHS OF M/S: TOTAL MONTHS OF SERVICE
(B) INCREASE RESULTING FROM M/S $
(C) AMOUNT OF OTHER BENEFITS $
(D) M/S RATIO: (E) RED. $

13. MILITARY SERVICE USED
M/S BEFORE 1937 OR AFTER 6-63 / M/S AFTER 1936 AND BEFORE 7-53
USED-NO RED. ④ ☐ ⑥ ☐
USED-RED. ⑤ ☐ ⑦ ☐
NOT USED ③ ☐ ② ☐

14. ORIGINAL ANNUITY BEGINNING DATE 10-1-69

15. PORTION OF ANN. WAIVED ⑤ ☐

16. BEN'Y. DATA

(A) PC	(B) SYM.	(C) RELATIONSHIP OR NAME	(D) DATE OF BIRTH	(E) DATE CLAIM FILED	(F) CHECK: OWN	(F) CHECK: SSA NUMBER OWN OR OTHER	(F) CHECK: DEP	(G) SS BENEFIT: RED. EFF. MO.	RED. EFF. YR.	1971 SS BEN.	① 1969 RATE ② 50.5% X 1971 RATE	① 1967 RATE ② 87½ X 1969 RATE
1	W		10-13-09							$	$ ☐① ☐②	$ ☐① ☐②
										$	$ ☐① ☐②	$ ☐① ☐②
										$	$ ☐① ☐②	$ ☐① ☐②
										$	$ ☐① ☐②	$ ☐① ☐②
										$	$ ☐① ☐②	$ ☐① ☐②

17. RR ACT FORMULA COMPUTATION

(A) PC	(B) SYM.	(C) BASIC RATE	(D) TABLE OR MIN. INC. (+)	(E) RED. FOR 1967 SS BEN. (–)	(F) ANN. BEFORE 1970 INC.	(G) 1970 INC. (+)	(H) RED. FOR 1959 SS BEN. (–)	(I) ANN. BEFORE 1971 INC.	(J) 1971 RATE (110% X 1)	(K) RED. FOR AGE (–)	(L) RED. FOR M/S (–)	(M) RR FORMULA ANNUITY (UNROUNDED)
1	W	$	$	$	$	$	$	$	$	$	$	$

18. SS ACT FORMULA COMPUTATION

(A) ORIGINAL BENEFIT	(B) OTHER BEN. ① ☐ RR ② ☐ SS	(C) RED. FOR AGE	(D) ADJUSTED BENEFIT
$	$	$	$

19. MONTHLY ANNUITY

(A) RR ☐ O/M ☐ (UNROUNDED)	(B) ACTUARIAL ADJUST.	(C) MONTHLY ANN. PAYABLE (ROUNDED)
$	$	$ 134.80

23. PAYMENT SUMMARY

PC	SYM.	ACCRUED PAYMENTS: MO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED): MO. RATE	FROM	TO	NO. MOS.	AMOUNT
1	W	$ 134.80	1-1-71	1-31-71	P	$ 49.80	$ 134.80	1-1-71	10-31-71	10	$ 1,348.00
		134.80	2-1-71	12-71	12	1,617.60					

RECOVERY FOR ④ RUIA $ SSA $

24. SMIB CODE

25. SMIB EFFECTIVE DATE

SMIB PREM. ▶ $

NET AMOUNT DUE $ 317.40

TOTAL ◀

☐ 10% OF (A) ☐ + (D) ▶

20. SMIB ENROLLMENT CODES
① 1ST ENROLL. ⑤ 2ND ENROLL.
② NO RESPONSE ⑥ 2ND TERM.
③ NOT ENROLLED ⑦ SSA JURISDICTION
④ 1ST TERM. ⑧ PREM. PAID BY STATE
⑨ DUAL ANNUITANT

21. AGE REDUCTION COMPUTATION
(A) RR FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
TOTAL $
(B) O/M FORMULA
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
☐ X .003 X $ = $
TOTAL $

26. CERTIFICATION OF PAYMENT ONE PAYMENT ONLY ☐ RECURRING PAYMENTS ☒

LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME APPEARS BELOW		
1	ELVA A EVANS		LAST MONTHLY CHECK RATE	$
2	ERR 1		MONTHLY RATE OR SHARE	$
3	PAW PAW WV 25434		SMIB PREMIUM	$
4			MONTHLY RATE PAID	$ 134.80
5			NET AMOUNT PAID	$ 317.40

REPRESENTATIVE PAYEE:
A. COURT APPOINTED PAYEE ① ☐
B. PAYEE-NEITHER COURT APPOINTED NOR PARENT FOR CHILD ② ☐
C. PARENT FOR CHILD(REN) ③ ☐

RESEARCH USE

22. REMARKS:
Susp 11-1-71
RL-119-B-69

1 - 1,949.60
1 - 850
2 | 99.60
49.80 per Jan

CLAIMS EXAMINER 586 DATE 1-25-72

COMPUTER DATE

AUTHORIZER 549 DATE 1/31/72

G-364 (6-71)

RRB FORM G-663 (2-72)

CODE SHEET (SURVIVORS)

CLAIM NO. (COLS. 2-11): D — 2764739

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

COLUMN 22 STATUS OF APPLICATION	CODE
NEW APPLICATION	0
REACTIVATED	1
RECERTIFIED	2

COLUMN 23 TYPE OF DISPOSITION	CODE
FINAL CERTIFICATION	0
CLOSED WITHOUT AWARD	1
PARTIAL CERTIFICATION	5

COLUMN 24 TYPE OF APPLICATION	CODE
AA-17, or AA-17a, or G-476c	1
AA-17b and AA-17 or AA-17a	8
AA-18	2
AA-19	3
AA-19a	4
AA-19s	7
AA-20	5
AA-21, AA-21a, G-126, AA-3	6

RECEIPTS					DISPOSITIONS																											
		No. of Appl.		CLERK					No. of Appl.		CODING DATE						ANN. BEG. DATE						G-184	PRODUCTION REPORT								CLERK
22	24	25	26		21	22	23	24	25	26	32	33	34	35	36	37	38	39	40	41	42	43	69	EXAM 73	EXAM 74	AUTH 75	AUTH 78	AUTH 79	80		
					3	8	0	1	0	1	0	2	0	3	7	2								5	8	6	5	9	9		
					3																											
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SECTION II - TICKLER DATES

CODE (19)	ORGANIZATION UNIT
0	DB
2	SCREENING
5	SB
6	SA
8	P & A
H	HB
R	PAYMENT RECORDS
W	WRP
X	SQI
	EARNINGS REPORT CODES
N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
11	INVESTIG. OF EMP. & EARN.
16	SF 1184 TRACER
17	DATE OF DEATH
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE

CODES (16-17)	CODES (19)	CALL-UP DATE (20-24)	EXAM.		DATE COMPLETED	EXAM.	
							99
							99
							99
							99

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV - NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

G-663 (2-72)

RRB FORM RL-119 (5-71) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 **NOTICE OF INSURANCE ANNUITY ADJUSTMENT**	*When Writing to the Board, Always Give:* **THE DECEASED EMPLOYEE'S NAME** *and* **THIS CLAIM NO.** → D-276139	**DATE** FEB 7 - 197

The monthly annuity payments in this case have been reinstated for the reason(s) checked below. *The unchecked explanations do not apply.*

- ☐ A child attained age 18.
- ☐ A child age 18-21 is a full-time student. Annuity payments will be made directly to the child.
- ☐ You are now eligible for social security benefits.
- ☐ You expect your total earnings for the taxable year to exceed $1,680.
- ☒ You do not expect your total earnings for the taxable year to exceed $1,680.00.

This check includes the additional amount payable for 1971.

Benefits will now be paid as follows:

Name	*Monthly Rate*	*Effective Date*
Elva A. Evans	$134.80	2-1-71

The enclosed check covers the amount due through 1-31-72, less the benefits that have been paid for that period.
Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have about your claim.

D. M. Smith
Director of Retirement Claims

Enclosure
Check

FB 2-1-72

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

RRB FORM G-69 (6-69)

INSTRUCTION SHEET FOR PREPARATION OF RL-119

CLAIM NO. D-276439

The monthly annuity payments. . .have been ☐ adjusted ☒ reinstated

☐ A child attained age (18) (22).

☐ A child age 18-21 is a full-time student. Annuity payments. . . (as preprinted).

☐ You are (now) (not) eligible for social security benefits.

☒ You (do not) expect your total earnings for the taxable year to exceed $1680.

☐ _____ (does not) expect(s) total earnings for the year to exceed $1680.

☐ _____ (is/are now eligible) (has/have married) (is no longer a full-time student).

☐ Based on (your) (the) report that _____ would earn $_____, annuity payments (will be) (have been) withheld for _____ months.

☐ An overpayment of $_____, based on a report that you earned $_____ in _____, (has been recovered) (will be recovered from _____ annuity).

☐ _____

Benefits will now be paid as follows:

Name	Effective Date	Monthly Rate
Elva	1-1-72	134.80

FEB 7 - 1972

The enclosed check covers the amount due through (typist will insert date)

☒ less the benefits that have been paid for that period.

☐ less an overpayment of $_____ made to _____.

PARAGRAPH(S) TO BE INSERTED

☐ We have requested the Social Security Administration to give us additional information about your social security benefits. When this data is received, a further adjustment may be necessary.

☐ Complete and return the enclosed Form G-377 when any of the events occur which are listed under item 2 of that form. ☐ less than $_____ ☐ more than $_____

☐ There is no need to report _____ earnings again before the end of the year unless they will exceed $_____.

☒ This ck includes the add'l amt paid for 1971.

Enclosure(s): Check

G-69 (6-69)

134.80
.06
808.80 T

XXX

161.80
.04
647.20 T

XXX

134.80
.08
1,078.40 T

XXX

808.80
1,078.40 -
269.60 Tc

131.60
808.80
1,078.40 -
138.00 Tc

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PAYMENT SUMMARY

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER: B Nelson

COMPUTER:

CLAIM NO.: D276439

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
		2-1-72	2-29-72	P	131.60	134.80	1-1-72	8-31-72	8	1078.40	138.00
W	134.80	3-1-72	8-31-72	6	808.80	161.80	9-1-72	12-31-72	4	647.20	
	161.80	9-1-72	12-31-72	4	647.20						

REMARKS:
W 2 mos @ 134.80 = 2219.20
1956.00
263.20
131.60 P-2-72

OK
M Nelson

RRB Chicago

02-21-73 MAR 1973 ADJUSTMENT-O/M WIDOW INCREASE

CLAIM NUMBER	PC		SMIB	RATE AFTER SMI OLD	NEW		MAR CHECK[1]
WA 276212	1	1	5.80	117.70	143.80		169.90
WA 276225	1	1	5.80	144.50	176.30		208.10
WA 276230	1	1	5.80	147.80	180.60		213.40
WA 276235	1	3		158.70	192.30		225.90
WA 276252	1	1	5.80	149.50	182.30		215.10
WA 276255	1	1	5.80	169.40	206.70		244.00
WA 276256	1	1	5.80	142.80	174.20		205.60
WA 276257	1	1	5.80	131.30	160.20		189.10
WA 276271	1	1	5.80	152.90	186.50		220.10
WA 276277	1	1	5.80	149.50	182.30		215.10
WD 276277	1	1	5.80	169.60	206.70		243.80
WD 276280	1	1	5.80	169.60	206.70		243.80
WA 276286	1	1	5.80	106.10	129.90		153.70
WA 276291	1	1	5.80	129.50	157.90		186.30
WD 276304	1	1	5.80	169.60	206.70		243.80
WA 276309	1	1	6.40	148.90	181.70		214.50
WD 276309	1	1	5.80	159.60	194.40		229.20
WA 276318	1	8		101.90	123.40		144.90
WD 276324	1	1	5.80	169.60	180.00		190.40
WD 276325	1	8		155.30	188.10		220.90
WA 276331	1	3		128.60	155.80		183.00
WA 276332	1	1	5.80	119.40	146.00		172.60
WA 276334	1	1	5.80	140.30	171.40		202.50
WD 276358	1	1	5.80	169.60	206.70		243.80
WA 276366	1	1	5.80	114.60	140.00		165.40
WA 276368	1	1	5.80	131.80	161.90		192.00
WD 276368	1	1	5.80	169.60	206.70		243.80
WD 276369	1			175.40	176.10		176.80
WD 276375	1	1	5.80	169.60	206.70		243.80
WD 276383	1	1	5.80	169.60	206.70		243.80
WD 276387	1			163.60	164.40		165.20
WD 276390	1	1	5.80	159.60	194.40		229.20
WA 276392	1	1	5.80	121.20	147.90		174.60
WA 276393	1	1	5.80	121.20	147.90		174.60
WA 276395	1	1	5.80	144.50	176.30		208.10
WA 276397	1	1	5.80	124.40	152.00		179.60
WA 276400	1	1	5.80	139.30	170.00		200.70
WA 276410	1	1	5.80	147.80	180.60		213.40
WA 276412	1	1	5.80	141.20	172.20		203.20
WA 276414	1	4		93.60	113.30		133.00
WA 276415	1	1	5.80	162.70	198.50		234.30
WD 276424	1	1	5.80	164.30	200.50		236.70
WA 276425	1	1	5.80	164.30	200.50		236.70
WA 276426	1	8		153.60	186.40		219.20
WA 276438	1	1	5.80	112.70	137.80		162.90
WD 276439	1			161.80	164.20		166.60

02-21-73 MAR 1973

CLAIM NUMBER	PC	
WA 276441	1	8
WD 276448	1	
WA 276449	1	1
WA 276451	1	1
WA 276466	1	3
WD 276467	1	1
WD 276469	1	1
WA 276473	1	1
WD 276475	1	1
WA 276479	1	1
WA 276482	1	1
WD 276483	1	1
WD 276487	1	1
WA 276488	1	1
WD 276493	1	1
WA 276499	1	1
WD 276509	1	1
WA 276513	1	1
WA 276514	1	1
WA 276515	1	1
WD 276520	1	1
WD 276522	1	2
WD 276523	1	1
WA 276542	1	1
WA 276551	1	1
WD 276559	1	3
WA 276563	1	1
WD 276569	1	8
WD 276571	1	1
WA 276572	1	1
WD 276573	1	1
WA 276580	1	1
WD 276580	1	1
WA 276581	1	1
WA 276583	1	1
WD 276590	1	1
WD 276596	1	1
WA 276599	1	1
WA 276603	1	1
WD 276604	1	1
WA 276605	1	1
WA 276607	1	1
WA 276608	1	8
WD 276612	1	
WA 276613	1	
WD 276620	1	

REGULAR 1972 PIA		SPEC. MIN. PIA		REDETERMINATION SAVING CLAUSE MAX.	CLAIM NUMBER
AMW	PIA	YRS.COV.	PIA		
263	178.10	17			D 276439

ARF NOT CONSIDERED IN ADJUSTMENT

MECHANICAL ADJUSTMENT FOR OCTOBER 1972 SS ACT AMENDMENTS

PAY. CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.
1	W	161.80	164.20	01-73	03-01-73		166.60

REDUCTIONS			S S CLAIM NO. AND SUFFIX	RIB LIMIT ON WIA	
AGE	S S BEN.	ACT. ADJ.		EE RED. RATE	82½% x PIA
28.91					

PAY. CODE	TYPE BEN.	MONTHLY RATE AFTER SMI			ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHECK AMT.

REDUCTIONS			S S CLAIM NO. AND SUFFIX
AGE	S S BEN.	ACT. ADJ.	

T-12 (3-73)

MECHANICAL ADJUSTMENT 1972 SS ACT AMENDMENTS (20% INCREASE)

PAY. CODE	TYPE OF BEN.	MONTHLY RATE AFTER SMI				ADJUSTMENT CHECK		
		OLD RATE	NEW RATE	EFF.	DATE	SMI DEDUCT.	CHK. AMT.
1	W	134.80	161.80	09-72	10-01-72		161.80

REDUCTIONS			SS CLAIM NO. AND SUFFIX
AGE	SS BEN.	ACT. ADJ.	

1972 PIA		TABLE	SAV. CLAUSE	SSA MAXIMUM
AMW	PIA			D 276439
263	178.10			

T-2 (10-72)

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER: K. Meyer
COMPUTER:
CLAIM NO.: D-276439

SYMBOL	ACCRUED PAYMENTS						DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT		NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	—	1-1-73	1-31-73	P	42.20	164.20	1-1-73	1-31-73	1	164.20		
												~~166.60~~
												122.00

Elva G. Evans
Paw Paw
W Va. 25434

Paw W Va
ch 28 - 73

Railroad Retirement Board
Chicago Ill
Dear Sir
I made $1,956.99 in wages in 1972. I haven't received a form from your office to report it on so thought I had better report it.
Please send me the Necessary papers to fill out.

Social Security No. Yours truly
236-56-3752 Elva G. Evans (Widow)
Paw Paw
W Va 25434

SP

FORM APPROVED
O.M.B. NO. 70-R0274

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

FORM G-19a (GREEN)
(1-73)

ANNUAL REPORT

ENTER YOUR RRB CLAIM NUMBER D 2 7 6 4 3 9

1. **AFTER 1971,** did you;

A. Work for an employer in the railroad industry? . . . . . ☐ YES ☒ NO

If "Yes," give:

NAME OF EMPLOYER	DATE WORK BEGAN	DATE WORK ENDED

B. Marry? . . . . . ☐ YES ☒ NO

If "Yes," give:

DATE OF MARRIAGE

C. Get a new social security number? . . . . . ☐ YES ☒ NO

If "Yes," give:

NEW ACCOUNT NUMBER

D. Begin to receive monthly benefits from the Social Security Administration? . ☐ YES ☒ NO

If "Yes," give:

MONTHLY RATE	DATE BENEFITS BEGAN
$	
NAME OF PERSON ON WHOSE EARNINGS BENEFIT IS BASED	THAT PERSON'S ACCOUNT NUMBER

2. Did you earn **MORE THAN $1,680** in the calander year 1972? . . . . . ☒ YES ☐ NO

If "Yes," complete A through D:

A. Social security account number: . . . . . 236 – 56 – 3752

B. Total earnings from employment and self-employment in 1972. *(Include GROSS earnings from ALL employment for hire and NET earnings from self-employment)* 1956 DOLLARS 99 CENTS

C. Name of employer: Consolidated Orchard Co.

D. Give the information asked for below:

1972	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Show amount you earned each month as an employee	259.76	369.12	259.30	125.87		
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
	79.05	167.39	210.62	111.60	196.48	179.80

1972	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Show "X" for each month worked as a self-employed person					P	P	P			P		

3. Do you expect to earn **MORE THAN $2,100** in the calander year 1973? . . . . . ☐ YES ☒ NO

If "Yes," complete A and B:

A. Total expected earnings for entire year 1973 . . . . . $ _____

B. Are you now working? . . . . . ☐ YES ☒ NO

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

5/30/73 (DATE SIGNED)

Mrs Elva Evans (SIGNATURE OF PERSON MAKING THIS REPORT)

ADDRESS (NUMBER AND STREET) Paw (CITY) Paw (STATE) WA 99.254 (ZIP CODE)

BE SURE TO ENTER YOUR RRB CLAIM NUMBER AT THE TOP OF THIS FORM

RRB FORM G-96 (9-70)

TERMINATION OR SUSPENSION OF PAYMENTS; DELETION OF HI RECORD

1 RRB CLAIM NO. (COLS 2-13) | SYM & PREFIX | SSA | CLAIM NUMBER

2 VOUCHER NUMBER

3 NAME OF PAYEE OR HI BENEFICIARY

TERMINATION

INSURANCE ANNUITANT

*41 Beneficiary died
*42 Child attained age 18; disabled child recovered; student attained age 22; OR disabled widow recovered
*44 Child married or adopted, or widow or parent remarried
43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery
45 Widow's current annuity terminated by last child's death, marriage, or adoption
*46 Beneficiary entitled to equal or greater benefits
*47 Student ceased full-time school attendance
61 Cancellation of application or award

SPOUSE ANNUITANT

✓ 51 Spouse died
53 Spouse under age 65 no longer has child in her care
57 Spouse divorced
59 Annuitant's or pensioner's benefit terminated
61 Cancellation of application or award

RET. ANNUITANT OR PENSIONER

✓ 01 Annuitant or pensioner died
08 Disability annuitant recovered
61 Cancellation of application or award

SUSPENSION

INSURANCE ANNUITANT

*11 Beneficiary in employer service
*12 Beneficiary under age 72—earnings exceed $1,680 per year
14 Widow does not have entitled child in her care
16 Payee not determined
16 Withdrawn for investigation
16 Recovery of an erroneous payment
16 Other (See Item 11 or 12)

SPOUSE ANNUITANT

52 Spouse in employer service
58 Annuitant's benefit suspended
56 Other (See Item 11 or 12)

RET. ANNUITANT OR PENSIONER

02 Returned to employer service—Sup Ann ent. not affected
05 Returned to employer service—Sup Ann ent. terminates
07 Returned to LPS
09 Disability annuitant earned more than $200 in a month
06 Other (See Item 11 or 12)

12 REMARKS

UNIT AND INITIALS | DATE

DELETION OR CORRECTION OF HI RECORD ONLY

*01 Employee HI beneficiary died
*12 Record status changed to "annuity in suspense"
*29 State Buy-in Accretion
*41 Survivor (IPI) HI beneficiary died
*51 Spouse HI beneficiary died

4 CLAIM STATUS CODE (COL 14)
ENTER "7" if deleting HI record only.
ENTER "9" if a constructive award or suspended annuity is being terminated, OR supplemental annuity tax credits are being deleted for a period before the month indicated by a prior suspension or termination. Otherwise leave blank.

5 ACTIVITY CODE (COL 15) 1

6 PAYEE CODE (COL 16)

7 MONTHLY RATE (COLS 18-22)

8 TERMINATION, SUSPENSION, OR DELETION CODE (COLS 23-24)

9 *Show beneficiary's DOB
✓Show beneficiary's DOB if over age 64 years and 8 months (COLS 25-30) | MONTH | DAY | YEAR

10 DATE (1)PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED, (2)HI COVERAGE TERMINATED OR (3)SUP. ANN. TAX CREDITS DELETED. (COLS 31-34) | MONTH | YEAR

11 CODE FOR EDP RELEASE OF SUSPENSION NOTICE (COLS 35-37)

Code	Reason for Adjustment
151	Deduct for SMI
152	Stop deducting for SMI
161	SSA benefits
162	Wife ent. to MA
163	Ent. to SUP ANN
164	Child age 18
165	Child married

Code	Reason for Adjustment
166	Child is no longer an FTS
167	Child employed
168	Child ceased employment
169	Payee has excess earnings
170	Family member (not payee) has excess earnings

G-96 (9-70)

RL-64
(7-72)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

JUL 11 1973

BUREAU OF RETIREMENT CLAIMS

Mrs. Elva Evans
Rural Route 1
Paw Paw, West Virginia 25434

WHEN WRITING TO THE BOARD
ALWAYS GIVE
THIS CLAIM NO. → D-276439
Theodore Evans
S.S.A. No. 236-22-5076

The monthly annuity payments you are receiving must be adjusted for the reason checked below. Any unchecked explanation does not apply.

☒ The amount of $ 1956.99 earned by you caused an overpayment of $ 138.00

☐ You are entitled to monthly social security benefits. Therefore, your annuity rate must be adjusted to $_____ effective _____. This caused an overpayment of $_____

☐

The overpayment will be recovered from your August 1, 1973 check. The adjustment may cause a short delay in the receipt of that check. However, the check will be mailed to you at the earliest possible date.

If you have any questions about this letter, contact the nearest office of the Board. If you call in person, bring this letter and any other material about your claim with you.

Very truly yours,

D. M. Smith
Director of Retirement Claims

cc: District Office
Altoona, Pennsylvania

NELSON:js
7-6-73

8 01 73 065

RRB FORM G-364 (1-73)

DETERMINATION OF AWARD
INSURANCE ANNUITY

1. VOUCHER NO.

2. ⓪ ☐ FINAL CERT. ⑨ ☐ SUSP./REINSTATE ⑧ ☐ PARTIAL CERT. ③ ☐ REINST.-RECERT. ① ☐ RECERT. ⑦ ☐ SUSP./REINSTATE RECERT. ② ☒ REINSTATE. ⑤ ☐ FORM PARTIALLY COMPLETED

3. [redacted]IM NO. W 0 2 7 6 4 3 9

4. DECEASED EMPLOYEE: Theodore R. Evans

5. EMPLOYEE'S SSA NO. 2 3 6 2 2 5 0 7 6

6. EMPLOYEE'S MARITAL STATUS AT DEATH — MALE ⓪ ☐ MARRIED ① ☐ S. W. D.; FEMALE ③ ☐ MARRIED ④ ☐ S. W. D.

7. DATE OF BIRTH

8. DATE OF DEATH

9. RRA (A) INSURED STATUS ① ☐ COMPLETELY INSURED ⑤ ☐ PARTIALLY INSURED

(B) AMR $ (D) BASIC AMT. $ (F) SPOUSE MIN. ⑥ ☐ $ AMC $

(C) INC. YRS. (E) MAXIMUM ☐ $207.15 ☐ $

10. SSA (A) REG. PIA AMW $ PIA $ (B) SPEC. MIN. PIA YRS. COV. PIA $

(C) ① ☐ REG. TABLE ② ☐ SAV. CLAUSE $ ③ ☐ SPEC. MIN. (D) NO (P) (P) ⑦ ☐ ⑨ ☐

11. MILITARY SERVICE REDUCTION (A) MOS. OF M/S: ______ TOTAL MOS. OF SERV. ______ (B) M/S RATIO (C) RATIO REDUCTION $ (D) AMOUNT OF OTHER BENEFITS $

12. ORIG. BEG. DATE 13. PORTION OF ANN. WAIVED ③ ☐

(E) WIDOW(ER)'S SOLE SURVIVOR COMP. ① ☐ REG. OR SPEC. MIN. PIA ② ☐ REG. MINIMUM PIA ③ ☐ SOLE SURVIVOR MIN.

(F) WIDOW(ER)'S INCREASE LIMITATION ① ☐ EE'S RED. RATE $ ② ☐ 82½% X PIA $

14. MILITARY SERVICE USED ① ☐ MAX. W/O M/S — M/S BEFORE 1937 OR AFTER 6-63 / M/S AFTER 1936 AND BEFORE 7-63: USED-NO RED. ⑧ ☐ ⑥ ☐ USED-RED. ⑨ ☐ ⑦ ☐ NOT USED ③ ☐ ② ☐

15. AGE REDUCTION COMPUTATION (A) O/M (FACTOR .003 OR .00475) ☐ X X $ =$ (four lines) TOTAL $ (B) RR (FACTOR .003) ☐ X .003 X $ =$ (four lines) TOTAL $

16. BEN'Y DATA

(A) PC	(B) SYM.	(C) RELATIONSHIP/NAME	(D) DATE OF BIRTH	(E) FILING DATE	(F)	CHECK SSA NUMBER OWN OR OTHER	(G) SSA NO. SUFFIX	(H) SS BEN. RED. EFF. MO. YR.	1971/72 BEN. ① 1972 ② 1971	1969 BEN. ① ACTUAL ② 50.5% X 1971 ③ 75.6% X 1972	1967 BEN. ① ACTUAL ② 67% X 1969
1	W		10-13-09								

17. RR ACT FORMULA

	PC	SYM.	PC	SYM.	PC	SYM.	PC	SYM.
	1	W						
(A) BASIC RATE	$		$		$		$	
(B) (1) TABLE INCREASE								
(2) RED. FOR 1967 SS BEN.								
(3) NET INCREASE								
(4) MINIMUM INCREASE	5.00		5.00		5.00		5.00	
(5) RED. FOR 1967 SS BEN.								
(6) NET INCREASE								
(C) (1) 15% X 1969 COMP. RATE								
(2) RED. FOR 1969 SS BEN.								
(3) NET INCREASE								
(D) 1971 COMP. 110% X1970 COMP. RATE								
(E) 1972 COMP. 120% X 1971 COMP. RATE								
(F) RED. FOR AGE								
(G) RED. FOR M/S								
(H) UNROUNDED RR FORMULA RATE								

18. SS ACT FORMULA

(A) ORIG. OR RED. FOR MAX. RATE	$	$	$	$
(B) RED. FOR AGE				
(C) FIRST ADJ. BEN.				
(D) OTHER BEN. ① ☐ RA ② ☐ SS				
(E) FINAL ADJ. BEN.				
(F) NO PRORATION -- 10% X (C). PRORATION REQUIRED - LEAVE BLANK - COMPUTE TOTAL O/M IN ITEM 19.				
(G) UNROUNDED O/M RATE				

19. TOTAL O/M GUARANTY

(A) TOTAL OF LINE (C) IN ITEM 18 $

(B) TOTAL OF LINE (E) IN ITEM 18 OR SSA MAX. IN ITEM 10(C) $

(C) 10% OF LINE (A) OR (B) $

(D) TOTAL O/M GUARANTY ☐ LINE (B) + LINE (C) ☐ ____ % X PIA $

SHOW INDIVIDUAL SHARES ON LINE (G) ITEM 18

20. MONTHLY ANNUITY

(A) ① ☐ ACT. ADJ. ② ☐ TEMP. WITHHOLD.	$	$	$	$
(B) MONTHLY RATE ☐ RR ☒ O/M	164.20			

21. PAYMENT SUMMARY

PC	SYM.		MO. RATE	FROM	TO	NO. MOS.	AMOUNT
1	W	ACCRUED PAYMENTS	$164.20	7-1-73	7-31-73	1	$164.20
1	W	PREV. PAY	$ E/P				$ 138.00

RECOVERY FOR ④ RUIA $ SSA $

SMIB PREM. ▶ $ $

NET AMOUNT DUE $ 26.20

22. SMIB CODE

23. SMIB EFF. DATE

24. REMARKS: Annuity 7-73 to reflect OAP[illegible] '72 earnings [illegible]

25. CERTIFICATION OF PAYMENT ☐ ONE PAYMENT ONLY ☒ RECURRING PAYMENT

PAYEE CODE 1 — REPRESENTATIVE PAYEE CODE ① ☐ A. Court Appointed payee ② ☐ B. Payee-neither court appointed nor parent for child. ③ ☐ C. Parent for Child(ren) except Student.

NAME & ADDRESS OF PAYEE (lines 1–5)

LAST MONTHLY CHECK RATE $

MONTHLY RATE OR SHARE $

SMIB PREMIUM $

MONTHLY CHECK RATE $ 164.20

NET AMOUNT PAID $ 26.20

26. BAL. CONTROL $

SUSPEND EFF.

G-96 CODE

RES. USE ① ☐

CLAIMS EXAMINER B.Mc[illegible] 464 DATE 7-10-73

COMPUTER

DATE

AUTHORIZER

RRB FORM G-663 (2-71)

CODE SHEET (SURVIVORS)

CLAIM NO. (COLS. 2-11): D — 276439

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

COLUMN 22 STATUS OF APPLICATION	CODE
NEW APPLICATION	0
REACTIVATED	1
RECERTIFIED	2

COLUMN 23 TYPE OF DISPOSITION	CODE
FINAL CERTIFICATION	0
CLOSED WITHOUT AWARD	1
PARTIAL CERTIFICATION	5

COLUMN 24 TYPE OF APPLICATION	CODE
AA-17, or AA-17a, or G-476c	1
AA-17b and AA-17 or AA-17a	8
AA-18	2
AA-19	3
AA-19a	4
AA-19s	7
AA-20	5
AA-21, AA-21a, G-126, AA-3	6

RECEIPTS					DISPOSITIONS																								
		No. of Appl.		CLERK					No. of Appl.		CODING DATE						ANN. BEG. DATE						G-184	PRODUCTION REPORT EXAM		AUTH				CLERK
22	24	25	26		21	22	23	24	25	26	32	33	34	35	36	37	38	39	40	41	42	43	69	73	74	75	78	79	80	
					3	20	10	10	12	3					13									4	6	4	4	6		
					3																								
					3																								
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					3																								

SECTION II - TICKLER DATES

CODE (19)	ORGANIZATION UNIT
0	DB
2	SCREENING
5	SB
6	SA
8	P & A
H	HB
R	PAYMENT RECORDS
W	WRP
X	SQI
	EARNINGS REPORT CODES
N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
11	INVESTIG. OF EMP. & EARN.
16	SF 1184 TRACER
17	DATE OF DEATH
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE
99	
99	
99	
99	

CODES (16-17)	CODES (19)	CALL-UP DATE (20-24)	EXAM.		DATE COMPLETED	EXAM.

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV - NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

G-663 (2-71)

Paw Paw Wva
April 19- 1974

R. R. Retirement Board
Chicago Ill
Dear Sirs

Upon completing my income tax returns I find that I have made $2,345.12 in 1973. My Claim no is D 276 439.
I will be 65 Oct 13-1974
Please advise what I should do. Will I have to Contact the R.R. Board as well as the S. Security Board?

Yours truly

Edna A. Dunn
Box 162
Paw Paw Wva 25434

RRB FORM G-96 (1-74)

TERMINATION OR SUSPENSION OF PAYMENTS; DELETION OF HI RECORDS

PRINT LIKE THIS: 1 2 3 4 5 6 7 8 9 0

CLAIM SYMBOL & PREFIX 1	SYM	M	W	WC	J	P	PREF	A	D	H	CLAIM NUMBER 2	SSA
		X	X	X	X	X		X	X	X		

VOUCHER NUMBER 3

NAME OF PAYEE OR HI BENEFICIARY 4

PAYEE CODE 5 01

MONTHLY RATE 6 185.10

TERMINATION, SUSPENSION, DELETION CODE 7

TERMINATION CODES

SURVIVOR

- *41 DIED.
- *42 CHILD ATTAINED AGE 18; DISABLED CHILD RECOVERED; STUDENT ATTAINED AGE 22; OR DISABLED WIDOW RECOVERED.
- *44 CHILD MARRIED OR ADOPTED; WIDOW OR PARENT REMARRIED.
- 43 WCIA TERMINATED; LAST CHILD ATTAINED AGE 18 OR DISABLED CHILD RECOVERED.
- 45 WCIA TERMINATED; LAST CHILD DIED, MARRIED OR ADOPTED.
- *46 ENTITLED TO EQUAL OR GREATER BENEFIT.
- *47 STUDENT CEASED FTA.
- 61 APPLICATION OR AWARD CANCELLED.

SPOUSE

- ✓ 51 DIED.
- 53 UNDER AGE 65 NO LONGER HAS CHILD IN HER CARE.
- 57 DIVORCED.
- 59 ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.
- 61 APPLICATION OR AWARD CANCELLED.

EMPLOYEE

- ✓ 01 DIED.
- 08 DISABILITY ANNUITANT RECOVERED.
- 61 APPLICATION OR AWARD CANCELLED.

62 DELETION FOR CORRECTION CODE (SURVIVOR, SPOUSE, EMPLOYEE)

SUSPENSION CODES

SURVIVOR

- *11 IN EMPLOYER SERVICE
- *12 UNDER AGE 72 - EARNINGS IN EXCESS OF ALLOWABLE MAX.
- 14 WIDOW DOES NOT HAVE ENTITLED CHILD IN HER CARE.
- 16 PAYEE NOT DETERMINED.
- 16 WITHDRAWN FOR INVESTIGATION.
- 16 RECOVERY OF ERRONEOUS PAYMENT
- 16 OTHER (SEE "REMARKS")

SPOUSE

- 52 IN EMPLOYER SERVICE.
- 58 EMPLOYEE BENEFIT SUSPENDED.
- 56 OTHER (SEE "REMARKS").

EMPLOYEE

- 02 RETURNED TO EMPLOYER SERVICE – SUP ANN ENTITLEMENT NOT AFFECT.
- 05 RETURNED TO EMPLOYER SERVICE – SUP ANN. TERM.
- 07 RETURNED TO LPS.
- 09 DISABLED ANNUITANT EARNED OVER $200 IN A MONTH.
- 06 OTHER (SEE "REMARKS").

CODES FOR DELETION OR CORRECTION OF HI RECORDS ONLY

- *01 EMPLOYEE HI BENEFICIARY DIED.
- *12 RECORD STATUS CHANGED TO "ANNUITY IN SUSPENSE."
- *29 STATE BUY-IN ACCRETION.
- *41 SURVIVOR (IPI) HI BENEFICIARY DIED.
- *44 WIDOW OR PARENT HI BENEFICIARY REMARRIED.
- *51 SPOUSE HI BENEFICIARY DIED.
- *57 SPOUSE HI BENEFICIARY DIVORCED.
- *59 SPOUSE HI BENEFICIARY TERMINATED BECAUSE ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.
- *61 APPLICATION OR AWARD CANCELLED.
- *65 DISABILITY HI BENEFICIARY RECOVERED.

*SHOW BENEFICIARY'S DOB
✓SHOW BENEFICIARY'S DOB IF AGE 64 AND 8 MONTHS — MONTH DAY YEAR 8

ENTER "X" IF DELETING HI RECORDS ONLY 9 X

ENTER "X" IF TERMINATING SUSPENDED ANNUITY OR CONSTR. AWARD, OR SUP ANN TAX CREDITS BEING DELETED FOR PERIOD BEFORE MONTH INDICATED BY A PRIOR TERMINATION OR SUSPENSION 10 X

SHOW DATE (1) PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED, (2) HI COVERAGE TERMINATED, OR (3) SUP ANN TAX CREDITS DELETED — MONTH YEAR 11 07 71

Code	Reason for adjustment	Code	Reason for adjustment
151	Deduct for SMI	167	Child employed
152	Stop deducting for SMI	168	Child ceased employ.
161	SSA benefits	169	Payee has excess earnings
162	Wife entit. to MA	170	Family member (not payee) has excess earnings
163	Entit. to SUP ANN	199	Other
164	Child age 18		
165	Child married		
166	Child no longer FTS		

CODE FOR RELEASE OF SUSPENSION NOTICE 12

AFT— FOR PAYMENT RECORDS USE ONLY — MONTH YEAR 13

14 REMARKS

PREPARED BY:	UNIT:	DATE:

G-96 (1-74)

TE 06-20-74

SMI-SSA AMENDMENT ADJUSTMENTS COMBINED MICROFILM

A NUMBER	PC	SS BEN FOR OM	DRC MOS	YRS COV	RATE BEFORE SMIB OLD	RATE BEFORE SMIB NEW	ADJUSTMENT CHECK DATE	ADJUSTMENT CHECK AMOUNT	6-74 REG P T PIA	SMIB		NEW RATE AFTER SMI	EFF DATE	PT AMN	OM AMN
I 276399	1			14	96.45	107.85	APR 1	101.65	181.60	1	6.30	101.65	MAR1	225	
				14	107.85	114.45	JUL 1	107.75	181.60	1	6.70	107.75	JUN1	225	225
I 276400	1			15	175.80	188.20	APR 1	181.90	177.40	1	6.30	181.90	MAR1	216	
				15	188.20	195.20	JUL 1	189.60	177.40	1	6.70	189.60	JUN1	216	216
I 276410	1			14	186.40	193.60	APR 1	193.20	188.10	1	6.30	193.20	MAR1	239	
				14	193.60	207.00	JUL 1	200.30	188.10	1	6.70	200.30	JUN1	239	239
I 276412	1			14	178.00	190.50	APR 1	184.20	179.60	1	6.30	184.20	MAR1	221	
				14	190.80	197.60	JUL 1	190.90	179.60	1	6.70	190.90	JUN1	221	221
A 276414	1			12	113.30	121.30	APR 1	121.30	114.40	4		121.30	MAR1	95	
				12	121.30	135.80	JUL 1	125.80	114.40	4		125.80	JUN1	96	96
A 276415	1			18	204.30	218.60	APR 1	212.30	206.20	1	6.30	212.30	MAR1	281	
				18	218.60	226.80	JUL 1	220.10	206.20	1	6.70	220.10	JUN1	281	281
D 276424	1			17	206.30	220.80	APR 1	214.60	208.20	1	6.30	214.60	MAR1	286	
				17	220.80	229.00	JUL 1	222.30	208.20	1	6.70	222.30	JUN1	286	286
A 276425	1			08	206.30	220.80	APR 1	214.60	208.20	1	6.30	214.60	MAR1	286	
				08	220.80	229.00	JUL 1	222.30	208.20	1	6.70	222.30	JUN1	286	286
A 276426	1			14	186.40	193.60	APR 1	193.60	188.10	0		193.60	MAR1	239	
				14	193.60	207.00	JUL 1	207.00	188.10	8		207.00	JUN1	239	239
A 276428	1			15	211.05	218.25	APR 1	216.95	177.40	1	6.30	216.95	MAR1	216	
				15	222.25	230.65	JUL 1	221.95	177.40	1	6.70	221.95	JUN1	216	161
A 276429	2			00	105.85	111.15	APR 1	104.85		1	6.30	104.85	MAR1		
				00	111.15	114.35	JUL 1	107.65		1	6.70	107.65	JUN1		
A 276438	1			14	143.60	153.70	APR 1	147.40	144.90	1	6.30	147.40	MAR1	141	
				14	153.70	159.40	JUL 1	152.70	144.90	1	6.70	152.70	JUN1	141	14
WD 276439	1			17	164.20	177.60	APR 1	177.60	197.70	0		177.60	MAR1	263	
				17	177.60	185.10	JUL 1	186.10	197.70	0		185.10	JUN1	263	21
A 276441	1			14	182.10	194.90	APR 1	194.90	183.70	8		194.90	MAR1	230	
				14	194.90	202.20	JUL 1	202.20	183.80	8		202.20	JUN1	230	23
IA 276442	1			14	104.95	116.95	APR 1	110.65	189.90	1	6.30	110.65	MAR1	244	
				14	116.95	123.75	JUL 1	117.05	189.90	1	6.70	117.05	JUN1	244	24
ID 276443	1			17	101.95	116.35	APR 1	109.05	212.20	1	6.30	109.05	MAR1	295	
				17	116.35	122.95	JUL 1	116.25	212.20	1	6.70	116.25	JUN1	295	29
ID 276444	1			17		REJECT	APR 1		214.40					300	
					132.80	139.80	JUL 1	126.20		1	6.70	126.80	JUN1		

RRB FORM G-364.1 (3-74)

DETE[illegible]TION OF [illegible]ARD

INSURANCE ANNUITY (PAYMENT)

0 03 74 049 1

1. VOUCHER NO.

2. TYPE OF PAYMENT
- ☐ CONSTRUCTIVE AWARD
- ☐ ONE PAYMENT ONLY
- ☒ RECURRING PAYMENT

3. CLAIM NO. W D 2 7 6 4 3 9

4. DECEASED EMPLOYEE: THEODORE EVANS

5. EMPLOYEE'S SSA NO. 236 22 5071 6

SECTION 1

6. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
W	$ 185.10	8-1-74	9-74	1	$ 185.10	$		E/P		$ 122.00	$ 63.10
						RECOVERY FOR: ④ ☐ RUIA ② ☐ SUP	$		SSA	$	
7. SMIB CODE	8. SMIB EFF. DATE	SMIB PREMIUM →								$	

9. CERTIFICATION OF PAYMENT — CONTROL DATE OF BIRTH 1 0 1 3 0 9

LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE		
1			LAST MO. CHECK RATE	$
2			MO. RATE OR SHARE	$
3			SMIB PREMIUM	$
4			MO. CHECK RATE	$ 185.10
5			NET AMOUNT PAID	$ 63.10
			10. BAL. CONTROL	$

REPRESENTATIVE PAYEE CODE
- ① ☐ A. Court Appointed payee
- ② ☐ B. Payee-neither court appointed nor parent for child.
- ③ ☐ C. Parent for Child

11. SUSPEND EFF.

G-96 CODE ☐☐

SECTION 2

12. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
	$				$	$				$	$
						RECOVERY FOR: ④ ☐ RUIA ② ☐ SUP	$		SSA	$	
13. SMIB CODE	14. SMIB EFF. DATE	SMIB PREMIUM →								$	

15. CERTIFICATION OF PAYMENT — CONTROL DATE OF BIRTH

LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE		
1			LAST MO. CHECK RATE	$
2			MO. RATE OR SHARE	$
3			SMIB PREMIUM	$
4			MO. CHECK RATE	$
5			NET AMOUNT PAID	$
			16. BAL. CONTROL	$

REPRESENTATIVE PAYEE CODE
- ① ☐ A. Court Appointed payee
- ② ☐ B. Payee-neither court appointed nor parent for child.
- ③ ☐ C. Parent for Chil

17. SUSPEND EFF.

G-96 CODE ☐

18. REMARKS: No award ltr necessary. RL-64 Sent.

19. CLAIMS EXAMINER	DATE	20. COMPUTER	DATE	21. AUTHORIZER	
L. Meyer 463	7-29-74			Reames 455	JUL D

G-3

9 03 71 010

RRB FORM G-364 (3-74)

DET[illegible]NATION OF AWARD INSURANCE ANNUITY (COMPUTATION)

1. VOUCHER NO.

2.
- ⓪ ☐ FINAL CERT.
- ⑥ ☐ PARTIAL CERT.
- ① ☐ RECERT.
- ② ☒ REINSTATE.
- ☐ SUSP./REINSTATE
- ☐ REINST.-RECERT.
- ☐ SUSP./REINSTATE RECERT.
- ☐ FORM PARTIALLY COMPLETED.

3. CLAIM NO. WD 276439

4. DECEASED EMPLOYEE: THEODORE EVANS

5. EMPLOYEE'S SSA NO. 236225076

6. EMPLOYEE'S MARITAL STATUS AT DEATH
- MALE ⓪ ☐ MARRIED ① ☐ S. W. D.
- FEMALE ③ ☐ MARRIED ④ ☐ S. W. D.

7. DATE OF BIRTH

8. DATE OF DEATH

9. RRA (A) INSURED STATUS
- ① ☐ COMPLETELY INSURED
- ⑤ ☐ PARTIALLY INSURED

(B) AMR $ | (D) BASIC AMT. $ | (F) SPOUSE MIN. ⑥ ☐ $ AMC $

(C) INC. YRS. | (E) MAXIMUM ☐ $207.15 ☐ $

10. SSA
- (A) REG. PIA — AMW $ — PIA $
- (B) SPEC. MIN. PIA — YRS. COV. — PIA $
- (C) SSA MAX ① ☐ REG. TABLE ② ☐ SAV. CLAUSE $ ③ ☐ SPEC. MIN.
- (D) NO (P) ⑦ ☐ (P) ⑧ ☐

11. MILITARY SERVICE REDUCTION
- (A) MOS. OF M/S: ______ TOTAL MOS. OF SERV. ______
- (B) M/S RATIO
- (C) RATIO REDUCTION $
- (D) AMOUNT OF OTHER BENEFITS $

12. ORIG. BEG. DATE

13. PORTION OF ANN. WAIVED ⑨ ☐

(E) WIDOW(ER)'S SOLE SURVIVOR COMP.
- ① ☐ REG. OR SPEC. MIN. PIA
- ② ☐ REG. MINIMUM PIA
- ③ ☐ SOLE SURVIVOR MIN.

(F) RIB LIMIT ON WIA
- ① ☐ EE'S RED. RATE $
- ② ☐ 82½% × PIA $

14. MILITARY SERVICE USED
- ① ☐ MAX. W/O M/S

	M/S BEFORE 1937 OR AFTER 6-63	M/S AFTER 1936 AND BEFORE 7-63
USED-NO RED.	⑧ ☐	⑥ ☐
USED-RED.	⑨ ☐	⑦ ☐
NOT USED	③ ☐	② ☐

15. AGE REDUCTION COMPUTATION

(A) O/M (FACTOR .003 OR .00478)

☐	×	× $	= $
☐	×	× $	= $
☐	×	× $	= $
☐	×	× $	= $
		TOTAL	$

(B) RR (FACTOR .003)

☐	×	.003 × $	= $
☐	×	.003 × $	= $
☐	×	.003 × $	= $
☐	×	.003 × $	= $
		TOTAL	$

16. BEN'Y DATA

(A) PC	(B) SYM.	(C) RELATION-SHIP/NAME	(D) DATE OF BIRTH	(E) CHECK: OWN / SSA NUMBER OWN OR OTHER / OTHER	(F) SSA NO. SUFFIX	(G) SS BEN. RED. EFF. MO.	YR.	1971-74 BEN. ☐ 6-1974 ☐ 3-1974 ☐ 1972 ☐ 1971	1969 BEN. 68.25% × 6-1974 70.8% × 3-1974 75.8% × 1972 90.9% × 1971 OR ACTUAL	1967 BEN. 87% × 1969 BEN. OR ACTUAL
1	W		10-13-09					$	$	$

17. RR ACT FORMULA

	PC	SYM.	PC	SYM.	PC	SYM.	PC	SYM.
	1	W						
(A) BASIC RATE	$		$		$		$	
(B) 1968 COMP (1) TABLE INCREASE								
(2) RED. FOR 1967 SS BEN.								
(3) NET INCREASE								
(4) MINIMUM INCREASE	5.00		5.00		5.00		5.00	
(5) RED. FOR 1967 SS BEN.								
(6) NET INCREASE								
(C) 1970 COMP (1) 15% X 1968 COMP. RATE								
(2) RED. FOR 1969 SS BEN.								
(3) NET INCREASE								
(D) 1971 COMP. 110% X 1970 COMP. RATE								
(E) 1972 COMP. 120% X 1971 COMP. RATE								
(F) 1974 COMP PASS-THRU INC. (1) EFF. 3-1974								
(2) EFF. AFTER 5-1974								
(G) REDUCTION FOR AGE								
(H) REDUCTION FOR M/S								
(I) UNROUNDED RR FORMULA RATE								

18. SS ACT FORMULA

(A) ORIG. OR RED. FOR MAX. RATE	$			
(B) REDUCTION FOR AGE				
(C) FIRST ADJ. BENEFIT				
(D) OTHER BENEFIT ① ☐ RA ⑤ ☐ SS				
(E) FINAL ADJUSTED BENEFIT				
(F) NO PRORATION - 10% X (C) / PRORATION REQUIRED - LEAVE BLANK - COMPUTE TOTAL O/M IN ITEM 19.				
(G) UNROUNDED O/M RATE				

19. TOTAL O/M GUARANTY

(A) EFFECTIVE DATE		
(B) TOTAL OF LINE (C) IN ITEM 18	$	$
(C) TOTAL OF LINE (E) IN ITEM 18 OR SSA MAX. IN ITEM 10(C)	$	$
(D) 10% OF ITEM 19(B) OR 19(C) WHICHEVER IS APPLICABLE	$	$
(E) TOTAL O/M GUARANTY ☐ 19(C) + 19(D) ☐ ______ % × PIA SHOW INDIVIDUAL PRORATED SHARES ON LINE (G) ITEM 18	$	$

20. MONTHLY ANNUITY

(A) ① ☐ ACT. ADJ. ② ☐ TEMP. WITHHOLD	$			
(B) MONTHLY RATE ☐ ① RR ☒ ② O/M	185.10			

21. PASS-THRU INCREASE DATA

(A) PASS-THRU PIA: AMW $ PIA $

(B) RIB LIMIT ON WIA ① ☐ EE'S REDUCED INCREASE ☐ 82½% × FULL INCREASE

(C) INCREASE FACTORS

BENEFICIARY SYMBOL	7% EFF. 3-1974	EFF. AFTER 5-1974 4%	11%
W (100%)	6.3063%	3.6036%	3.9099%
R, P, AND F (82.5%)	5.2027	2.9730	8.1757
M, C, CG, D, DG, S, SG, P OR F (75%)	4.7297	2.7027	7.4324
W (SP MIN.) (50%)	3.1532	1.8018	4.9550

1. SSA Family Maximum Not Applicable—Multiply PIA in item 21(A) by appropriate factor. Enter result on Line (F) of item 17.
2. SSA Family Maximum Applicable—Multiply the REG. TABLE or SAV. CLAUSE MAX. in item 10(C) by the appropriate 100% factor. Prorate the result based on the rates on Line (E) of item 17. Enter the prorated rates on line (F) of item 17.
3. SPECIAL INSTRUCTIONS—See G-364 instructions in RCM chapter 8.9 for an R who is under age 60 in 6-1974 or a W where deceased employee is considered entitled to a reduced RIB before death and would be under age 65 in 3-1974 or 6-1974 if he were alive.

22. REMARKS: [illegible] susp 9/74 to recover E/P [illegible] in 1973.

RES. USE ① ☐

23. CLAIMS EXAMINER: [illegible] Meyer 463 DATE 7-[illegible]-74

24. COMPUTER DATE

25. AUTHORIZER: [illegible] 45[illegible] DATE JUL 29 1974

RL-64
(7-72)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

JUL 29 1974

BUREAU OF RETIREMENT CLAIMS

Mrs. Elva Evans
Box 163
Paw Paw, West Virginia 25434

WHEN WRITING TO THE BOARD ALWAYS GIVE

THIS CLAIM NO. → D-276439

Theodore Evans
S.S.A. No. 236-22-5076

The monthly annuity payments you are receiving must be adjusted for the reason checked below. Any unchecked explanation does not apply.

☒ The amount of $ 2345.12 earned by you in 1973 caused an overpayment of $ 122.00.

☐ You are entitled to monthly social security benefits. Therefore, your annuity rate must be adjusted to $_____ effective _____. This caused an overpayment of $_____

☐

The overpayment will be recovered from your Sept. 1, 1974 check. The adjustment may cause a short delay in the receipt of that check. However, the check will be mailed to you at the earliest possible date.

If you have any questions about this letter, contact the nearest office of the Board. If you call in person, take this letter and any other material about your claim with you.

cc: District Office
Altonna, Pennsylvania

MEYER:mp
7-22-74

Very truly yours,

D. M. Smith
Director of Retirement Claims

AMERICAN REVOLUTION BICENTENNIAL 1776-1976

RRB FORM G-660 (6-73)

CODE SHEET – APPLICATIONS & TICKLERS

CLAIM NO. (COLS. 2-11) N — — 2 7 6 4 3 9

SECTION I – STATUS AND DISPOSITION OF APPLICATIONS

COLUMN 21

TYPE OF APPLICATION	CODE
AGE AND SERVICE ANN.	0
SPOUSE ANN.	1
RET. DISABILITY ANN.	2
SUPPLEMENTAL ANN.	6
RET. DIS. MEDICARE	7
SURVIVOR ANN.	3
SURV. DIS. MEDICARE	8

COLUMN 22

STATUS OF APPLICATION	CODE
NEW APPLICATION	0
REACTIVATED	1
RECERTIFIED	2

COLUMN 23

TYPE OF DISPOSITION	CODE
FINAL CERTIFICATION	0
CLOSED WITHOUT AWARD	1
PARTIAL CERTIFICATION	5
SUP. ANN. RED. TO ZERO	6

COLUMN 24 (COMPLETE IF COL. 21 IS '3', '7', OR '8')

APPLICATION NUMBER	CODE
AA-1d	0
AA-17, or AA-17a, or G-476c	1
AA-17b, or AA-17b and AA-17 or AA-17a	8
AA-18	2
AA-19	3
AA-19a	4
AA-19s	7
AA-20	5
AA-21, AA-21a, G-126, AA-3	6

RECEIPTS						DISPOSITION																									
		IF 21 IS '3' '7', '8'	NO. OF APPL.		CLERK					NO. OF APPL.		CODING DATE						ANN. BEG. DATE						G-183		PRODUCTION REPORT EXAM			AUTH			CLERK
21	22	24	25	26		21	22	23	24	25	26	32	33	34	35	36	37	38	39	40	41	42	43	69	70	73	74	75	78	79	80	
						3	2	0	1	0	1	0	8	0	5	7	4	—	—	—	—	—	—	—	—	4	6	3	4	5	5	9m
6						6																									

SECTION II - TICKLER DATES

ORGANIZATION UNIT

CODE (19)		CODE (19)	
0	DB	8	P&A
1	RI	H	HB
2	SCREENING	R	PAYMENT RECORDS
4	RP		
5	SP	W	WRP
6	SI	X	SQI

EARNINGS REPORT CODES

N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1 (SURV)

CODES (16-17)	CODES (19)	CALL-UP DATE (20-24)	EXAM.		DATE COMPLETED	EXAM.

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
09	SEC. 2(D) REFUND
11	INVESTIG. OF EMP. & EARN.
13	TRACE G-432
14	PROOF OF AGE
15	G-175a - G-176a - G-181a
16	SF 1184 TRACER
17	DATE OF DEATH
21	CONTINUANCE OF DISABILITY
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE
	RETIREMENT MISC.
49	
49	
49	
	SURVIVOR MISC.
99	
99	
99	

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV– NAME AND ADDRESS OF OTHERS TO BE NOTIFIED

REQUEST FOR EDP SURVIVOR RATE COMPUTATION OR AWARD

IATION

YM & PRE		SSA			CLAIM NUMBER						
	WD				2	7	6	4	3	9	

		PC 1	PC 2	PC 3	PC 4	PC 5	PC 6	PC 7	PC 8	PC 9
	13-21	1								

	22	1				
	23-27		5	1	0	4
:	28-32	1	9	7	7	0
	33	4				
:	34-38					

c's:	39	2	
	40-42	MO.	YR.
		0	09

		(43-44)	(45)	(46)	(48)
	43-46 48				
	49-50	0 1			

14	OTHER BENEFITS: CHILD(REN) OR TWO PARENTS– ENTER INDIVIDUAL SS BEN. RATE	69-73	
15	EXAMINER NO.	74-76	4 1 3 (77-80) 0 0 0 0

SECTION B - SPECIAL MINIMUM PIA INFORMATION

		1-12	DUPLICATE ITEM 1.
16	YEARS OF COVERAGE	13-14	
17	SPECIAL MINIMUM PIA	15-19	
18	REDUCED RIB AMOUNT	20-24	

SECTION C - EMPLOYEE INFORMATION

- **Skip items 19-29 for rate computation only;**
- **Complete items 19-29 and G-360a for EDP award.**

19	NAME (25-44)	25-34	
		35-44	
20	SS ACCOUNT NO.	45-53	
21	DATE OF BIRTH	54-57	MO. YR.
22	DATE OF DEATH	58-61	
23	MARITAL STATUS AT DEATH MALE: "0"-MARRIED; "1"-S.W.D. FEMALE: "3"-MARRIED; "4"-S.W.D.	62	
24	AMR, AMC, OR AME FOR		

RRB FORM G-3a4a (6-69)
SURVIVOR BENEFIT
DETERMINATION OF AWARD
OR
PRINTOUT RECORD

ADMIN. VOUCHER

TYPE OF CERTIFICATION

CLAIM NO. WD-226439

DECEASED EMPLOYEE

EMPLOYEE SSA NO.

DECEASED EMPLOYEE INFORMATION

DATE OF BIRTH	DATE OF DEATH	MARITAL STATUS AT DEATH	MILITARY SERVICE

ANNUITY RATE DATA

AMC	INCREMENT YEARS	BASIC AMOUNT	AMW	PIA	RATE USED	SPOUSE MINIMUM
$		$ 51.04	$ 263	$197.70		$

BENEFICIARY INFORMATION

SYMBOL	NAME	DATE OF BIRTH	FILING DATE	SS ACCOUNT NUMBER	SSA CLAIM NUMBER

RRA FORMULA

SYMBOL	BASIC RATE	TABLE OR MINIMUM INC.	REDUCTION FOR SS ENT.	REDUCTION FOR AGE	ADJUSTED ANNUITY
W	$ 51.04	$	$	$	$ 96.26

SSA FORMULA

ORIGINAL BENEFIT	OTHER BENEFITS	ADJUSTED BENEFIT	G/M RATE
$ 197.70	$ 134.80	$ 82.67	$

PAYMENT SUMMARY

	SYMBOL	MONTHLY RATE	FROM	TO	NO. MOS.	AMOUNT
ACCUR PAY		$	10-01-74	00000000	00	$
PREV PAY		$				$
SUSP PAY		$				$

HI JURIS.	HIB ENT. DATE	SMIB ELECTION	SMIB ENT. DATE

PAYMENT DATA AND AMOUNTS PAID

LAST PREV. MO. RATE	$
MONTHLY RATE	$
SMIB PREMIUM	$
MONTHLY RATE PAID	$
NET AMOUNT PAID	$

LUMP SUM INFORMATION

TYPE OF PAYMENT		INSURED STATUS
WIA AT 60	WIDOW'S DOB	INSURED ON WAGES ALONE
BASIC AMOUNT $		GROSS RESIDUAL $
TOTAL REIMBURSABLE BURIAL EXPENSES $		DEDUCTIONS FOR OTHER BENEFITS $
LSDP OR AMOUNT PAYABLE $		NET RESIDUAL PAYABLE $

SYMBOL	FILING DATE	BURIAL EXPENSES PAID	NET AMOUNT PAID
L		$	$

TOTAL PAID THIS CERTIFICATION $

1967 SSA RATE (87X1969 RATE) 80.04

1969 SSA RATE (.6825X1974 RATE) 92.00

SPECIAL PIA YRS	SPECIAL PIA AMOUNT	PIA MOS	AGE RED AMOUNT	EE RIB AMOUNT	BOP CODE
0	.00	0	.00	.00	1

PASS THRU INC. 19.59

EXAM. NO.	AUTH. NO.	DATE
413		10-29-74

NAMES AND ADDRESSES

PAYEE CODE OR SYMBOL	REP. PAYEE	SYMBOL	SYMBOL	SYMBOL	SYMBOL		SYMBOL
TABLE OR MIN. INC.		REDUCTION FOR 1967 SSA BEN.	1968 COMP	1970 INCREASE	REDUCTION FOR 1969 SSA BEN.	1970 COMP	1971 COMP	1972 COMP
W 5.00		2.96	53.08	5.00		58.08	63.89	76.67
C						46.16	50.78	60.94

REMARKS

PC1-2-3-4-5-6-7-8-9	WID-PC	SAV-MAX	TYPE-WIDOW	0-0-8	MINOR-C	DIS-C	STUDENT	PARENT	TOTAL	ACT-ADJ	SPC-MIN	TYPE-OB
1 0 0 0 0 0 0 0 0	1		WIDOW	10-09	00	0	0	0	01			SSA

PAY-CODE1	PAY-CODE2	PAY-CODE3	PAY-CODE4	PAY-CODE5	PAY-CODE6	PAY-CODE7	PAY-CODE8	PAY-CODE9	AGE-RED-MOS	SS-AGE-RED
96.35										

SSA MAX $308.40 C/M MAX $339.24 RRA MAX $136.11 RRA FORMULA APPLIES MAXIMUM NOT APPLICABLE

FOR INFORMATION ONLY NOT AN AWARD.

CERTIFICATION OF SERVICE AND COMPENSATION — BASIC AMOUNT AND PIA DETERMINATIONS

1

A YEAR	B COMP. SERV. MOS.	C WAGE QC MOS. EMP. PATTERN	D WAGE & COMP. QC	E WAGE S/E	F WAGE AQ	G COMP. M/S QC	H WAGE M/S PATTERN	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
1937 THRU 1950									
3600 51 3600									
52									
53									
3600 54 3900									
4200 55 4200		AAAA	4		4			W899.69	899.69
56		AAAA	4		4			W862.64	862.64
57		AAAA	4		4			W775.08	775.08
58		AAAA	4		4			W788.25	788.25
4800 59 4550		AAAA	4		4			W957.35	957.35
4800 60 4800		AAAA	4		4			W935.46	935.46
61		AAAA	4		4			W1,162.97	1,162.97
62		AAAA	4		4			W1,090.65	1,090.65
4800 63 4900		AAAA	4		4			W1,201.87	1,201.87
4800 64 5400		AAAA	4		4			W905.92	905.92
65		AAAA	4		4			W1,125.88	1,125.88
6600 66 6600		AAAA	4		4			W1,012.90	1,012.90
67		AAAA	4		4			W1,347.72	1,347.72
7800 68 7800		AAAA	4		4			W1,570.50	1,570.50
69		AAAA	4		4			W1,610.28	1,610.28
70		AAAA	4		4			W1,675.48	1,675.48
71		AAAA	4		4			W1,363.41	1,363.41
72		AAAA	4		4			W1,956.99	1,956.99
73									
74									

6 COMPUTATIONS — RRB

C/D	DIVIDEND	D/M	AMR/AMW	I/Y	BASIC AMT./PIA ANN.	FORMULA	BASIC AMT./PIA

COMPUTATIONS — SSA

SSA FORM G-961 (4-72)

2 REQUEST RECORD INFORMATION

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DATE OF BIRTH MO	DAY	YR	E SEX	F TYPE OF REQUEST
EVANS EA	235-55-3732	0276439	10	13	09	F	AUX

G DATE OF DEATH MO	YR	H APPL. DATE QTR	YR	I ANN. BEG. DATE MO	DAY	YR	J COMP. AF ABD ALLOC.	K ALLEG. RIC	L YR. AGE 65 ATTAINMENT	M REQ. UNIT	N REQ. BUREAU
										SP	

3 DP & A MASTER FILE INFORMATION CASE ENTERED DPA SYSTEM 09-30-74

A NAME	B ACCOUNT NUMBER	C CLAIM NUMBER	D DOB MO	YR	E LAST YR. SERV. ICC	YR	F DATE FORM(S) PREPARED
	NO MSTR RCRD						10 17 74

G COMPENSATION DATA	SM	COMPENSATION	H SM THRU 1946	I INC. YRS	J INAC. INCOR. ACCT.	K LAST YR. ACT.	L EARMARKINGS SS	RSI	GF	DF	UI-87
TOTAL THRU AGE 65											
TOTAL TO DATE			M GROSS RES.				N EMPLOYER NOS.				A D D
CRED. M/S			O GROSS RES. INCL. M/S								
TOTAL INCL M/S			P 1959 GROSS AMT.				Q PAYROLL IDENT. NO.				

4 SSA WAGE TAPE INFORMATION

A PEND. IND.	B NAME	C DOB MO	YR	D SEX	E BEN. STAT.	F DIS. FRZ.	G REQ. QC	H ACQ. QC	I MULT. ACCT. NO.	J PRIOR CLAIM ACTION
	EVANS	10	09	F			20	40		OA-C790

K SSA WAGES TO DATE	L PIA WAGES ONLY	M FORM RELEASED
21,543.04	128.80	RR-

5 SSA MASTER BENEFIT RECORD (MBR) INFORMATION

A NAME	B DATE OF BIRTH MO	DAY	YR	VER.	C SEX	D RR CRED.	E BIC	F IAF CODE	G CURRENT PIA
ELVA EVANS	10	13	09		F		A	C	134.80

H BENEFIT DATA MO	YR	MO. RATE	MO	YR	MO. FAM. RATE	I FOURTH RATE	J PART RATE	K TERM DATE MO	YR	L BENEFICIARIES A	B	C	D	E	F	OTHER
10	74	134.80					I			1						

M CROSS REFERENCE NUMBER	N HIB EFF. MO	YR	O SMIB EFF. MO	YR	P SMIB PREM.

7 WAGE QC PATTERN

N = NO QC
C = WAGE QC
S = SELF-EMPLOYED QC
A = AGRICULTURE QC
M = MILITARY QC
G = GIFT AC
& = LESS THAN $50 OR A CREDIT QC

RR MOS. EMP. PATTERN

0 = NO SERVICE
1 = 1ST MONTH
2 = 2ND MONTH
3 = 1ST & 2ND MOS.
4 = 3RD MONTH
5 = 1ST & 3RD MOS.
6 = 2ND & 3RD MOS.
7 = 1ST, 2ND & 3RD MOS.

8 REMARKS

SS BEN DDE 10-74

04533

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PAYMENT SUMMARY

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER: S. Bytman 10-31-74

COMPUTER:

CLAIM NO.: D-276439

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	96.35	10-74	11-74	2	~~96.35~~ 192.70	185.10	10-74	11-74	2	~~185.10~~ 370.20	177.50
						S.M/B 6.70	10-74	~~12-74~~ 1-75	~~3~~ 4		

REMARKS: O/P A/C SS

act. adj. eff. 12-1-74 $1.49

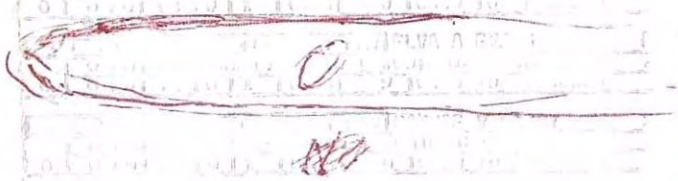
mo. of Recovery (after S.M/B) 2-75

185.10
− 96.35
88.75
6.70
55.45

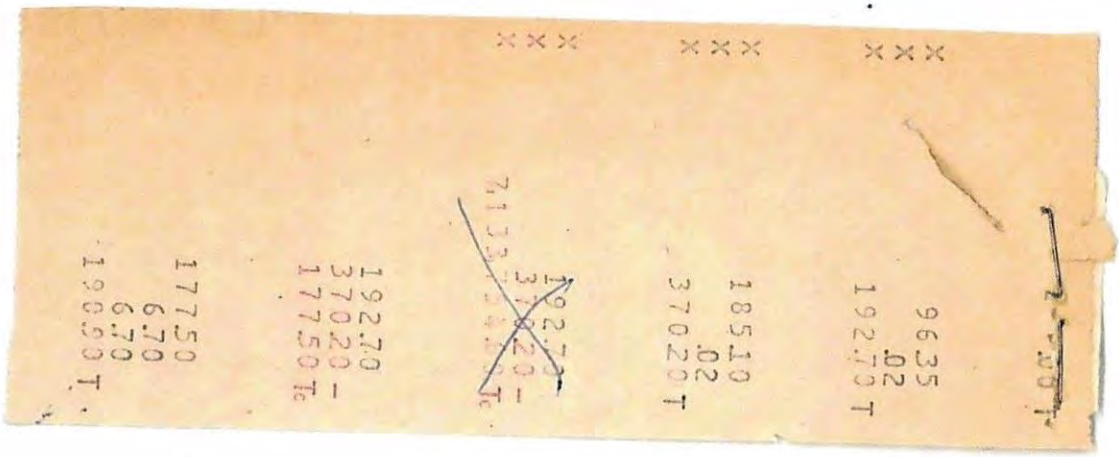
RRB Chicago

11-1-74 MOMS

NOT OK



NOSM/B



HEALTH INSURANCE MASTER FILE THRU NOV 01, 1974

CLAIM NO	CP	JU	RG	ID	TB	DOB	SNIB EFF	SNIB TERM	PAID DATE	DEL PYMT	LAST TP	SX	HID YERM	SNIB YERM	PSEUDO CODE	ACCESS NO	PREM	NAME
MA 000276659	8	3	8	7	3	12-00-86	07-66	6.70					2					ETHEL V VAL
MD 000276662	3	3	8	6	3	01-00-92							2					MARY A GOOD
MA 000276700	8	3	8	7	3	01-17-89	05-68	6.70										MILDRED JOH
MA 000276728	8	3	8	7	3	01-20-03	09-66	6.70										MARGARET A
MA 000276733	8	3	8	7	3	07-00-91	07-66	6.70										LULA F CAN
MA 000276802	8	3	8	7	3	03-00-92	07-66	6.70										JOSEPHINE
A 000276820	5	3	8	2	1	00-00-81							1					VALENTINE
MD 000276826	1	3	8	7	3	09-22-09	09-74	6.70	09-74	04-75			2					DAISY R RI
MD 000276900	1	3	8	7	3	12-00-09	12-74	6.70					2					ALIDA MATH
A 000276952	8	3	8	7	1	00-00-86	07-66	6.70										JESSE C MC
MA 000276988	8	3	8	7	3	09-00-87	07-66	6.70					2					LORENA MOO
A 000276990	8	3	8	7	1	12-00-86	07-66	6.70										WILLIAM HA
MA 000277004	3	3	8	6	3	07-00-99							2					MARY A SAN
MD 000277039	8	3	8	7	3	03-00-00	07-66	6.70					2					EVA KANTOR
MA 000277171	8	3	8	7	2	06-00-86	07-66	6.70										HAZEL E HA
MD 000277173	1	3	8	7	3	08-26-09	08-74	6.70					2					DOROTHY E
MA 000277184	3	3	8	6	3	01-00-95							2					EVELYN B KE
MA 000277209	3	3	8	2	3	09-00-94							2					SADIE PHIL
MA 000277248	4	3	8	6	3	10-00-95	07-66		01-69				2		01-69			OLIVE M MC
MA 000277280	3	3	8	6	3	01-00-89							2					C SCHULTHE
MD 000277317	8	3	8	7	3	00-00-00	07-66	6.70										CLARA M FR
MA 000277318	8	3	8	7	3	07-28-82	03-69	6.70										MARY A HEL
MD 000277323	8	3	8	7	3	00-00-94	07-66	6.70					2					LILLIE D S
MD 000277325	8	3	8	7	3	03-00-92	01-72	6.70	02-71				2		12-70			MARTHA P S
MD 000277336	8	3	8	7	3	03-00-99	07-66	6.70					2					ETHEL B JO
A 000277337	3	3	8	6	1	00-00-81							1					GEORGE R S
MA 000277414	4	3	8	2	3	10-00-00	01-67	6.60	12-71	04-75					12-71			FRANCISCA
MA 000277426	8	3	8	7	3	05-00-82	07-66	6.70										GEORGIA M
MD 000277439	1	3	7	7	3	10-13-02	10-74	6.70		04-75			2					ELVA A EVA
MA 000277441	8	3	8	7	3	02-00-86	07-66	6.70					2					NANNIE V
MA 000277466	3	3	9	2	3	12-00-89												FANNIE M P
A 000277472	8	3	8	7	1	00-00-89	07-66	6.70					2					CATHERINE
MA 000277518	3	3	9	6	3	11-00-91							2					ANNETTA C
MD 000277559	3	3	9	6	3	01-00-97												NELDA E MA
MA 000277636	8	3	8	7	3	05-00-99	07-66	6.70										CLAUDIA FA
MA 000277653	8	3	8	7	3	10-00-86	07-66	6.70										EFFIE SPAR
MA 000277676	8	3	8	7	3	07-28-89	07-66	6.70					2					EVA O TILL
MD 000277677	3	3	8	2	3	07-17-95												ETHEL S AL
MD 000277697	8	3	8	7	3	09-12-99	07-66	6.70										LURA N FUT
MD 000277902	8	3	8	7	3	07-00-95	07-66	6.70					2					DOROTHY M
MA 000277926	2	3	8	6	3	07-00-99												ELIZABETH
MA 000277939	8	3	8	7	2	00-00-87	07-66	6.70										ANNETTA RE
CA 000277933	1	3	6	7	*9	09-04-22	07-73	6.70	11-74	02-75	247001		1					
MD 000277963	1	3	8	7	3	07-21-09	07-74	6.70					2					ANNE M SLO
MA 000277992	8	3	8	7	3	08-15-03	07-66	6.70										MRS C A SK
MA 000277993	8	3	8	7	3	01-00-96	07-66	6.70										ILA M HAVE
MD 000278050	1	3	8	7	3	02-19-09	02-74	6.70	09-74	04-75								LUCY J ST
MD 000278080	8	3	8	7	3	01-00-00	07-66	6.70										EVA M MCGU
MD 000278086	8	3	8	7	3	07-00-96	07-66	6.70										ANNIE M YO
MD 000278092	1	3	6	2	3	10-15-07	04-73	6.70	10-74	01-75	212007		2					CATHERINE
MA 000278133	8	3	8	7	3	11-00-92	07-66	6.70										ANNIE M COO
MD 000278195	8	3	8	7	3	05-00-00	07-66	6.70										MAGDALENA R
MA 000278219	8	3	8	7	3	07-00-80	07-66	6.70					2					ZELPHA M HA
MD 000278228	8	3	8	7	3	01-00-97	07-66	6.70					2					LYDIA M BR
MA 000278247	2	3	8	2	3	12-11-04							2					LUCY C HE
MD 000278268	1	3	7	7	3	05-05-04	05-69	6.70	08-74				2					ELSIE L
MA 000278301	8	3	8	7	3	00-00-94	07-66	6.70										CANNIE I
MA 000278342	8	3	8	7	3	01-19-89	12-68	6.70										CORDIA
MD 000278352	8	3	8	7	3	08-00-88	07-66	6.70										LILLIA
MD 000278439	8	3	8	7	3	09-00-99	07-68	6.70										MABEL

RRB FORM G-841 (2-73)

TRANSCRIPT OF SMIB DATA

A. AUX MICROFILM RECORD

SYMBOL, PREFIX, CLAIM NO.	OP	JU	RS	ID	TB	DOB	SMIB EFF. DATE	SMIB RATE	PAID THRU	DELINQ. DATE	LAST PAYMT.	TP	SX

HIB TERM.	SMIB TERM.	TERM. CODE	PSEUDO NO.	EXCESS PREM.	NAME	BL-RL DATE	DATE OF MICROFILM

B. SMIB MECHANICAL ADJUSTMENT LISTINGS

SYMBOL, PREFIX, CLAIM NO.	PAYEE CODE	OLD RATE	NEW RATE	SMIB RATE	VOUCHER NO.
WD-275439	1	← Not on 10-1-74			Single Ded. Last
		" " 12-1-74			Mult. " "

A. Bytman SP 11-7-74

SIGNATURE

RL-66a
(9-72)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

DEC 16 1974

BUREAU OF RETIREMENT CLAIMS

Mrs. Elva Evans
Box 163
Paw Paw, West Virginia 25434

WHEN WRITING TO THE BOARD ALWAYS GIVE
THIS CLAIM NO. D-276439

Your annuity will be suspended beginning with the check you would normally receive on February 1, 1975 because you have been overpaid $ 266.25. The monthly payments you have been receiving include an increase allowed under the special guaranty provision of the Railroad Retirement Act. This increased amount is no longer payable because you became entitled to monthly benefits under the Social Security Act, effective October 1, 1974.

The monthly rates you were paid and should have been paid are shown below:

From	Through	You Were Paid	Correct Rate
October 1, 1974	December 31, 1974	$185.10	$96.35

You can make repayment by selecting any one of the three methods described on the enclosed form. Please check the box opposite the method you choose for repayment and return the form to the Board in the enclosed envelope.

If you believe the above facts on which our overpayment determination is based to be incorrect, call, write, or visit the nearest Board office as soon as possible, but not later than 30 days from the date of this letter. If you call in person, bring this letter and any information you may have regarding this matter.

Very truly yours,

D. M. Smith
Director of Retirement Claims

Enclosures

G-421a
(7-74)

RRB Claim No. WD-276439

Date DEC 16 1974

The three methods of repayment are explained below:

☐ 1. CASH REFUND - (You can refund the overpayment by check or money order. The check or money order should be made payable to the Railroad Retirement Board and sent to us in the enclosed envelope. Your annuity will be reinstated as soon as possible after the refund is received.)

☐ 2. WITHHOLDING - (Your annuity would be withheld until the total overpayment is recovered. This means that your annuity payments will start again as soon as possible after May 1, 1975 .)

☐ 3. ACTUARIAL ADJUSTMENT - (Your annuity rate would be permanently reduced by a fixed amount each month. The reduction would remain in effect for as long as you are entitled to this annuity. This method would allow reinstatement of your annuity at the monthly rate of $ 94.05 , as soon as possible after notice of your choice is received.)

PLEASE CHECK THE BOX OPPOSITE THE METHOD YOU CHOOSE FOR REPAYMENT. SIGN, DATE AND RETURN THIS FORM TO THE BOARD IN THE ENCLOSED ENVELOPE; IF CASH REFUND IS BEING MADE, BE SURE YOU ALSO ENCLOSE YOUR CHECK OR MONEY ORDER.

_____
(Signature)

_____
(Date Signed)

G-421a
(7-74)

RRB Claim No. WD-276439

Date DEC 16 1974

The three methods of repayment are explained below:

[X] 1. CASH REFUND - (You can refund the overpayment by check or money order. The check or money order should be made payable to the Railroad Retirement Board and sent to us in the enclosed envelope. Your annuity will be reinstated as soon as possible after the refund is received.)

[ ] 2. WITHHOLDING - (Your annuity would be withheld until the total overpayment is recovered. This means that your annuity payments will start again as soon as possible after May 1, 1975 .)

[ ] 3. ACTUARIAL ADJUSTMENT - (Your annuity rate would be permanently reduced by a fixed amount each month. The reduction would remain in effect for as long as you are entitled to this annuity. This method would allow reinstatement of your annuity at the monthly rate of $ 94.05 , as soon as possible after notice of your choice is received.)

PLEASE CHECK THE BOX OPPOSITE THE METHOD YOU CHOOSE FOR REPAYMENT. SIGN, DATE AND RETURN THIS FORM TO THE BOARD IN THE ENCLOSED ENVELOPE; IF CASH REFUND IS BEING MADE, BE SURE YOU ALSO ENCLOSE YOUR CHECK OR MONEY ORDER.

Mrs Elva A. Evans
(Signature)

Dec 18 - 1974
(Date Signed)

RL-88 (9-64)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET, CHICAGO, ILLINOIS 60611

R.R.B. No.
Date
C.D.R. No.

ACKNOWLEDGMENT OF REFUND

Your remittance made as reimbursement for overpayment was received on
The present status of your account is as follows:

Previous balance:
Current payment :
Balance due :

D. M. Smith
Director of Retirement Claims

Mrs. Elva Evans
Box 163
Paw Paw, West Virginia 25434

Always give R.R.B. number when writing to the Board

RL-
(9-

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

DEC 16 1974

BUREAU OF RETIREMENT CLAIMS

Mrs. Elva Evans
Box 163
Paw Paw, West Virginia
25434

WHEN WRITING TO THE BOARD ALWAYS GIVE

THIS CLAIM NO. → WD-276439

Theodore Evans
SSA No. 236-22-5076

Your annuity will be suspended beginning with the check you would normally receive on February 1, 1975 because you have been overpaid $266.25. The monthly payments you have been receiving include an increase allowed under the special guaranty provision of the Railroad Retirement Act. This increased amount is no longer payable because you became entitled to monthly benefits under the Social Security Act, effective October 1, 1974.

The monthly rates you were paid and should have been paid are shown below:

From	Through	You Were Paid	Correct Rate
October 1, 1974	December 31, 1974	$185.10	$96.35

The above rates, and the rate shown in item 3 of the enclosed form, represent amounts before reduction for your monthly medical insurance premium.

You can make repayment by selecting any one of the three methods described on the enclosed form. Please check the box opposite the method you choose for repayment and return the form to the Board in the enclosed envelope.

If you believe the above facts on which our overpayment determination is based to be incorrect, call, write, or visit the nearest Board office as soon as possible, but not later than 30 days from the date of this letter. If you call in person, bring this letter and any information you may have regarding this matter.

MECHANICAL ADJUSTMENTS

7/1973 RR ACT & 12/1973 SS ACT AMENDMENTS

(11% INCREASE IN TWO STEPS)

TYPE	CLAIM NUMBER
O/M	D 2 7 6 4 3 9

6/74 OM PIA		6/74 PT PIA		74 SPC MIN		SS SAV CL MAX	RIB LIMITATION ON WIA		EE DR
AMW	PIA	AMW	PIA	YC	PIA		RED RATE/INC	82½% PIA	
263	197.70	263	197.70	17					

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SER
1	W	164.20	177.50	3-74	4-1-74		177.50		29.33			
1	W	177.50	185.10	6-74	7-1-74		185.10		29.46			

PAY CDE	TYP BEN	MONTHLY RATE BEFORE SMI			ADJUSTMENT CHECKS			72 COMP RATE	REDUCTIONS			
		OLD RATE	NEW RATE	EFF	DATE	SMI	AMOUNT		AGE	SS BEN	ACT AJ	MIL SER

T 12 (12 1974)

RRB Form G-96 d (5-71)

TERMINATION, SUSPENSION AND ADJUSTMENT OF PAYMENTS

A-1A

FOLDER RECORD

[X] ASSOCIATE WITH FOLDER AND FILE D

[ ] FILE ONLY

7th fl Ex
1-14

DATE ANNUI
SUSPENDED
TERMINATED
PAYEE NOTIF

DECEMBER 27. 197

WD 276439

RRB CLAIM N

ELVA A EVANS
RR 1
PAW PAW WV 25434

WE WILL BEGIN DEDUCTING YOUR MEDICARE PREMIUM FROM YOUR MONTHLY ANNUITY PAYMENTS. STARTING WITH YOUR NEXT CHECK.

PREMIUMS FOR THE PERIOD OCTOBER THROUGH JANUARY ARE DUE. THESE PREMIUMS WILL BE DEDUCTED FROM THE CHECK YOU RECEIVE IN JANUARY. ADJUSTING IT TO .. $158.30.

THE DEDUCTION FROM SUCCEEDING CHECKS WILL BE FOR ONE MONTH'S PREMIUM. WHICH IS $6.70. THEREFORE. THE CHECK YOU RECEIVE IN FEBRUARY. WILL BE ..... $178.40.

THIS ADJUSTMENT MAY DELAY DELIVERY OF YOUR NEXT CHECK BY A FEW DAYS.

RRB FORM G-96 (1-74)

TERMINATION OR SUSPENSION OF PAYMENTS; DELETION OF HI RECORDS

PRINT LIKE THIS: 1 2 3 4 5 6 7 8 9 0

CLAIM SYMBOL & PREFIX 1	SYM	M	W	WC	J	P	PREF	A	D	H	CLAIM NUMBER	SSA
		X	X	X	X	X		X	X	X		200 02 7643 9

VOUCHER NUMBER 3	NAME OF PAYEE OR HI BENEFICIARY 4
	ELVA EVANS

PAYEE CODE 501 | MONTHLY RATE 6 | 18 | 5 | 10 | TERMINATION, SUSPENSION, DELETION CODE 7 16

TERMINATION CODES

SURVIVOR

- *41 DIED.
- *42 CHILD ATTAINED AGE 18; DISABLED CHILD RECOVERED; STUDENT ATTAINED AGE 22; OR DISABLED WIDOW RECOVERED.
- *44 CHILD MARRIED OR ADOPTED; WIDOW OR PARENT REMARRIED.
- 43 WCIA TERMINATED; LAST CHILD ATTAINED AGE 18 OR DISABLED CHILD RECOVERED.
- 45 WCIA TERMINATED; LAST CHILD DIED, MARRIED OR ADOPTED.
- *46 ENTITLED TO EQUAL OR GREATER BENEFIT.
- *47 STUDENT CEASED FTA.
- 61 APPLICATION OR AWARD CANCELLED.

SPOUSE

- ✓ 51 DIED.
- 53 UNDER AGE 65 NO LONGER HAS CHILD IN HER CARE.
- 57 DIVORCED.
- 59 ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.
- 61 APPLICATION OR AWARD CANCELLED.

EMPLOYEE

- ✓ 01 DIED.
- 08 DISABILITY ANNUITANT RECOVERED.
- 61 APPLICATION OR AWARD CANCELLED.

62 DELETION FOR CORRECTION CODE (SURVIVOR, SPOUSE, EMPLOYEE)

SUSPENSION CODES

SURVIVOR

- *11 IN EMPLOYER SERVICE
- *12 UNDER AGE 72 - EARNINGS IN EXCESS OF ALLOWABLE MAX
- 14 WIDOW DOES NOT HAVE ENTITLED CHILD IN HER CARE.
- 16 PAYEE NOT DETERMINED.
- 16 WITHDRAWN FOR INVESTIGATION.
- 16 RECOVERY OF ERRONEOUS PAYMENT
- 16 OTHER (SEE "REMARKS")

SPOUSE

- 52 IN EMPLOYER SERVICE.
- 58 EMPLOYEE BENEFIT SUSPENDED.
- 56 OTHER (SEE "REMARKS").

EMPLOYEE

- 02 RETURNED TO EMPLOYER SERVICE – SUP ANN ENTITLEMENT NOT AFFECT.
- 05 RETURNED TO EMPLOYER SERVICE – SUP ANN. TERM.
- 07 RETURNED TO LPS.
- 09 DISABLED ANNUITANT EARNED OVER $200 IN A MONTH.
- 06 OTHER (SEE "REMARKS").

CODES FOR DELETION OR CORRECTION OF HI RECORDS ONLY

- *01 EMPLOYEE HI BENEFICIARY DIED.
- *12 RECORD STATUS CHANGED TO "ANNUITY IN SUSPENSE."
- *29 STATE BUY-IN ACCRETION.
- *41 SURVIVOR (IPI) HI BENEFICIARY DIED.
- *44 WIDOW OR PARENT HI BENEFICIARY REMARRIED.
- *51 SPOUSE HI BENEFICIARY DIED.
- *57 SPOUSE HI BENEFICIARY DIVORCED.
- *59 SPOUSE HI BENEFICIARY TERMINATED BECAUSE ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.
- *61 APPLICATION OR AWARD CANCELLED.
- *65 DISABILITY HI BENEFICIARY RECOVERED.

*SHOW BENEFICIARY'S DOB
✓SHOW BENEFICIARY'S DOB IF AGE 64 AND 8 MONTHS — 8 MONTH DAY YEAR

ENTER "X" IF DELETING HI RECORDS ONLY — 9 X

ENTER "X" IF TERMINATING SUSPENDED ANNUITY OR CONSTR. AWARD, OR SUP ANN TAX CREDITS BEING DELETED FOR PERIOD BEFORE MONTH INDICATED BY A PRIOR TERMINATION OR SUSPENSION — 10 X

SHOW DATE (1) PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED, (2) HI COVERAGE TERMINATED, OR (3) SUP ANN TAX CREDITS DELETED — 11 MONTH YEAR: 10 75

Code	Reason for adjustment	Code	Reason for adjustment
151	Deduct for SMI	167	Child employed
152	Stop deducting for SMI	168	Child ceased employ.
161	SSA benefits	169	Payee has excess earnings
162	Wife entit. to MA	170	Family member (not payee) has excess earnings
163	Entit. to SUP ANN	199	Other
164	Child age 18		
165	Child married		
166	Child no longer FTS		

CODE FOR RELEASE OF SUSPENSION NOTICE — 12

AFT— FOR PAYMENT RECORDS USE ONLY — 13 MONTH YEAR

14 REMARKS

PREPARED BY:	UNIT:	DATE:
M H Lee	SP	1-1-75

G-96 (1-74)

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PAYMENT SUMMARY

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER: 12-9-74 Reaves 455

COMPUTER:

CLAIM NO.: WD-276439

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	96.35	10-1-74	12-31-74	3	289.05	185.10	10-1-74	12-31-74	3	555.30	266.25
	96.35	1-1-75	4-30-75	4	385.40 ~~289.05~~	O/P				266.25	
						~~SMIB 6.10~~	~~1-1-75~~	~~4-30-75~~	~~3~~	~~[illegible]~~	
						SMIB 6.70	10-1-74	5-31-75	8	~~[illegible]~~ ~~41.90~~ 53.60	72.25

REMARKS: O/P A/C went to SS 10/74   ACT ADJ eff 1/75 · *2.24

~~8.40~~ ~~117.50~~   Mo of Recovery Apr 30, 1975 of SMIB

RRB Chicago

Rate from G-364a printout   (W age 65 last BD)

RRB FORM G-376 (11-73)

ACCOUNTS RECEIVABLE RECORD

O/P NO._____ OF _____

1-3	4-12		* 43-45
SYM & PREFIX	SSA	CLAIM NUMBER	D.O. WHERE APP'N. FILED
W D	— —	2 7 6 4 3 9	

SECTION A – ACCOUNTS RECEIVABLE ACTIVITY

TYPE OF PAYMENT 13-14	AMOUNT OF OVERPAYMENT OR PREMIUMS 15-22	AMOUNT RECOVERED OR REMOVED 15-22	BROUGHT FORWARD: $_____ BALANCE	DATE PUNCHED (MO., DAY, & YR.) 26-31	CD NO. 32-36	NAME OF EMPLOYEE OR ENROLLEE (1ST INITIAL AND 5 LETTERS OF LAST) 37-42	TYPE OF ACTION IN 48-49	TYPE OF ACTION OUT 50-51	CAUSE 52-53	SOURCE 68-69	MONTHLY RATE (AFTER SMIB) WITHHELD 72-76	WITHHELD BEGINNING (MO. & YR.) 77-80	✓
03	266.25		266.25	1-3-75		* E. EVANS	01		02	38	89.65	1-75	
03		26625	0-	1-16-75	184			13					

SECTION B – CERTIFICATION

1 MONTHS FOR WHICH PREMIUMS DUE

2 PERSON FOR WHOM PREMIUMS DUE

3 PERSON(S) OVERPAID

4

CURRENT OR FUTURE PAYMENTS: ☐ YES ☐ NO

If "Yes," COMPLETE THE FOLLOWING:

TYPE OF CURRENT OR FUTURE PAYMENT	AMOUNT	DATE PAYMENTS WILL ACCRUE	PERSON ENTITLED TO PAYMENTS

5 EXAMINER DATE

6 AUTHORIZER DATE

SECTION C – TICKLER DATES

CODES (16-17)	CODES (19)	CALL-UP DATE	EXAM.	✓	DATE COMPLETED	EXAM.
03	5	4-1-75	MH		1-17-75	MH

DO NOT REMOVE FROM FOLDER

MAKE NO ALTERATIONS AFTER ENTRY IS PUNCHED

RRB FORM RL-119 (3-74) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF INSURANCE ANNUITY ADJUSTMENT	When Writing to the Board, Always Give: THE DECEASED EMPLOYEE'S NAME and THIS CLAIM NO. → D-276439	DATE FEB 03 1975

The monthly annuity payments in this case have been reinstated for the reason(s) checked below. *The unchecked explanations do not apply.*

- ☐ A child attained age 18.
- ☐ A child over age 18 is a full-time student.
- ☐ You are now eligible for social security benefits.
- ☐ You expect your total earnings for the taxable year to exceed $2,400.
- ☒ You refunded the overpayment.

Benefits will now be paid as follows:

Name	*Monthly Rate*	*Effective Date*
Elva A. Evans	$96.35	1-1-75

The enclosed check covers the amount due through 1-31-75.

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest district office of the Board. If you call in person, please take along this notice and any other material you have about your claim.

Enclosure 970
Check

1-31-75

Dm Smith

D. M. Smith
Director of Retirement Claims

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

dn 1-20-75

RL-119 (3-74)

RRB FORM G-69 (1-75)

INSTRUCTION SHEET FOR PREPARATION OF RL-119

CLAIM NO. D-276439

The monthly annuity payment . . . have been ☐ adjusted ☒ reinstated

FEB 03 1975

☐ A child attained age (18)(22).

☐ A child over age 18 is a full-time student.

☐ You are (now)(not) eligible for social security benefits.

☐ You (do not) expect your total earnings for the taxable year to exceed $2,520.

☐ _____ (does not) expect(s) total earnings for the year to exceed $2,520.

☐ _____ (is/are not eligible)(has/have married)(no longer qualifies as a full-time student).

☐ Based on (your)(the) report that _____ would earn $ _____ , annuity payments (will be)(have been) withheld for _____ months.

☐ An overpayment of $ _____ , based on a report that you earned $ _____ in _____ , (has been recovered)(will be recovered from _____ annuity).

☒ You refunded the overpayment.

Benefits will now be paid as follows:

Name	*Monthly Rate*	*Effective Date*
W	96.35	1-1-75

☐ The enclosed check covers the amount due through *(typist will insert date)* less the benefits that have been paid for that period.

☐ less an overpayment of $_____ made to _____ .

PARAGRAPH(S) TO BE INSERTED

☐ We have requested the Social Security Administration to give us additional information about your social security benefits. When this data is received, a further adjustment may be necessary.

☐ Complete and return the enclosed Form G-377 when any of the events occur which are listed under item 2 of that form. ☐ less than $ _____ ☐ more than $ _____

☐ There is no need to report _____ earnings again before the end of the year unless they will exceed $_____ .

☒ P 970

☐ _____

Enclosure(s): Check

G-69 (1-75)

RRB FORM G-364.1 (3-74)

DETERMINATION OF AWARD

INSURANCE ANNUITY (PAYMENT)

1. VOUCHER NO. 12 00 75 080

2. TYPE OF PAYMENT
- ☐ CONSTRUCTIVE AWARD
- ☐ ONE PAYMENT ONLY
- ☒ RECURRING PAYMENT

3. CLAIM NO. W D 2 7 6 4 3 9

4. DECEASED EMPLOYEE: THEODORE EVANS

5. EMPLOYEE'S SSA NO. 236 22 5076

SECTION 1

6. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
W	$96.35	1-1-75	[illegible]	1	$96.3[illegible]	$				$	$ 62.15
						RECOVERY ④ ☐ RUIA FOR: ② ☐ SUP	$	SSA		$	
7. SMIB CODE 1	8. SMIB EFF. DATE 10-1-74	SMIB PREMIUM →	6.70	10-1-74						$ 33.50	

9. CERTIFICATION OF PAYMENT — CONTROL DATE OF BIRTH 10 13 09

LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE		
1	1		LAST MO. CHECK RATE	$
2			MO. RATE OR SHARE	$ 96.35
3			SMIB PREMIUM	$ 6.70
4			MO. CHECK RATE	$ 89.65
5			NET AMOUNT PAID	$ 62.15
			10. BAL. CONTROL	$

REPRESENTATIVE PAYEE CODE
- ① ☐ A. Court Appointed payee
- ② ☐ B. Payee-neither court appointed nor parent for child.
- ③ ☐ C. Parent for Child

11. SUSPEND EFF.

G-96 CODE ☐☐

SECTION 2

12. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
	$				$	$				$	$
						RECOVERY ④ ☐ RUIA FOR: ② ☐ SUP	$	SSA		$	
13. SMIB CODE	14. SMIB EFF. DATE	SMIB PREMIUM →								$	

15. CERTIFICATION OF PAYMENT — CONTROL DATE OF BIRTH

LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE		
1			LAST MO. CHECK RATE	$
2			MO. RATE OR SHARE	$
3			SMIB PREMIUM	$
4			MO. CHECK RATE	$
5			NET AMOUNT PAID	$
			16. BAL. CONTROL	$

REPRESENTATIVE PAYEE CODE
- ① ☐ A. Court Appointed payee
- ② ☐ B. Payee-neither court appointed nor parent for child.
- ③ ☐ C. Parent for Child

17. SUSPEND EFF.

G-96 CODE ☐☐

18. REMARKS: RL-117 (Rev G-69) Initial deduct for SMIB

19. CLAIMS EXAMINER	DATE	20. COMPUTER	DATE	21. AUTHORIZER	DATE
[illegible]	1-17-75			BBrown #424	JAN 17 1975

2 7 6 4 3 9

'S

2 2 5 0 7 6

ERVICE USED
M/S BEFORE 1937 OR AFTER 6-63 — M/S AFTER 1936 AND BEFORE 7-63
⑧ ☐ ⑥ ☐
⑨ ☐ ⑦ ☐
③ ☐ ② ☐

ION COMPUTATION
CTOR .003 OR .00475)
X $ • =$
X $ =$
X $ =$
X $ =$
OTAL $

CTOR .003)
.003 X $ =$
.003 X $ =$
.003 X $ =$
.003 X $ =$
OTAL $

1969 BEN.	1967 BEN.
.25% × 6-1974 .8% × 3-1974 .8% × 1972 .9% × 1971 R ACTUAL	87% × 1969 BEN. OR ACTUAL
92.00	$80.04

	$
	$
	$
	$

2 DATE 1-17-75

DATE

DATE

17. RR ACT FORMULA	PC	SYM.	PC	SYM.	PC	SYM.	PC	SYM.
	1	W						
(A) BASIC RATE	$ 51.04		$		$		$	
(B) 1968 COMP (1) TABLE INCREASE	13.34							
(B) 1968 COMP (2) RED. FOR 1967 SS BEN.	13.85							
(B) 1968 COMP (3) NET INCREASE	0							
(B) 1968 COMP (4) MINIMUM INCREASE	5.00		5.00		5.00		5.00	
(B) 1968 COMP (5) RED. FOR 1967 SS BEN.	2.96							
(B) 1968 COMP (6) NET INCREASE	2.04	53.08						
(C) 1970 COMP (1) 15% X 1968 COMP. RATE	7.96							
(C) 1970 COMP (2) RED. FOR 1969 SS BEN.	11.96							
(C) 1970 COMP (3) NET INCREASE	5.00 ~~0~~	58.08						
(D) 1971 COMP. 110% X1970 COMP. RATE	63.89							
(E) 1972 COMP. 120% X 1971 COMP. RATE	76.67							
(F) 1974 COMP PASS-THRU INC. (1) EFF. 3-1974	12.47	89.14						
(F) 1974 COMP (2) EFF. AFTER 5-1974	7.12	96.26						
(G) REDUCTION FOR AGE								
(H) REDUCTION FOR M/S								
(I) UNROUNDED RR FORMULA RATE	96.26							
18. SS ACT FORMULA								
(A) ORIG. OR RED. FOR MAX. RATE	$							
(B) REDUCTION FOR AGE								
(C) FIRST ADJ. BENEFIT								
(D) OTHER BENEFIT ① ☐ RA ② ☒ SS	134.80							
(E) FINAL ADJUSTED BENEFIT								
(F) NO PRORATION -- 10% X (C). PRORATION REQUIRED - LEAVE BLANK -- COMPUTE TOTAL O/M IN ITEM 19.								
(G) UNROUNDED O/M RATE								
20. MONTHLY ANNUITY								
(A) ① ☐ ACT. ADJ. ② ☐ TEMP. WITHHOLD	$							
(B) MONTHLY RATE ☒ ① RR								

RRB FORM G-660 (6-73)

CODE SHEET – APPLICATIONS & TICKLERS

CLAIM NO. (COLS. 2-11) D 2 7 6 4 3 9

SECTION I – STATUS AND DISPOSITION OF APPLICATIONS

COLUMN 21 – TYPE of APPLICATION

	CODE
AGE AND SERVICE ANN.	0
SPOUSE ANN.	1
RET. DISABILITY ANN.	2
SUPPLEMENTAL ANN.	6
RET. DIS. MEDICARE	7
SURVIVOR ANN.	3
SURV. DIS. MEDICARE	8

COLUMN 22 – STATUS OF APPLICATION

	CODE
NEW APPLICATION	0
REACTIVATED	1
RECERTIFIED	2

COLUMN 23 – TYPE OF DISPOSITION

	CODE
FINAL CERTIFICATION	0
CLOSED WITHOUT AWARD	1
PARTIAL CERTIFICATION	5
SUP. ANN. RED. TO ZERO	6

COLUMN 24 – APPLICATION NUMBER CODE (COMPLETE IF COL. 21 IS '3', '7' OR '8')

AA-1d	0
AA-17, or AA-17a, or G-476c	1
AA-17b, or AA-17b and AA-17 or AA-17a	8
AA-18	2
AA-19	3
AA-19a	4
AA-19s	7
AA-20	5
AA-21, AA-21a, G-126, AA-3	6

RECEIPTS						DISPOSITION																											
		IF 21 IS '3' '7', '8'	NO. OF APPL.		CLERK					NO. OF APPL.		CODING DATE						ANN. BEG. DATE						G-183		PRODUCTION REPORT EXAM			AUTH			CLERK
21	22	24	25	26		21	22	23	24	25	26	32	33	34	35	36	37	38	39	40	41	42	43	69	70	73	74	75	78	79	80	
						3	2	0	1	0	1	0	1	2	9	7	5									4	3	2	4	2	4	P
6						6																										

SECTION II - TICKLER DATES

ORGANIZATION UNIT

CODE (19)		CODE (19)	
0	DB	8	P&A
1	RI	H	HB
2	SCREENING	R	PAYMENT
4	RP		RECORDS
5	SP	W	WRP
6	SI	X	SQI

EARNINGS REPORT CODES

N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1 (SURV)

CODES (16-17)	CODES (19)	CALL-UP DATE (20-24)	EXAM.		DATE COMPLETED	EXAM.

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
09	SEC. 2(D) REFUND
11	INVESTIG. OF EMP. & EARN.
13	TRACE G-432
14	PROOF OF AGE
15	G-175a - G-176a - G-181a
16	SF 1184 TRACER
17	DATE OF DEATH
21	CONTINUANCE OF DISABILITY
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE
	RETIREMENT MISC.
49	
49	
49	
	SURVIVOR MISC.
99	
99	
99	

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV– NAME AND ADDRESS OF OTHERS TO BE NOTIFIED

DAILY HIB AUXILIARY REFERRALS - JAN 29, 1975

HIB CLEARANCE SP

PREFIX CLAIM NO.	W/E SSA NO.	BENEFICIARY	SEX	JURISDICTION	GEO. CODE
WD 276439	236-22-5076	WIDOW	FEMALE	RRB	150

WID-SP SSA NO.	SMIB ELECTION	SMIB RATE	EXCESS PAYMT.	SMIB PAID THRU
236-56-3752	1ST ENROLLMENT	6.70		JAN 1975

EFF HIB DATE	EFF SMIB DATE	G-44/ID STAT.	
OCT 1974	OCT 1974	ID RELD-HI/SMI	ELVA A EVANS RR 1 PAW PAW WV 25434

DATE OF BIRTH	REPRESENT PAYEE	RECORD STATUS
10-13-09		MECH ADJ

Hold

A/N
1-7-75

RRB FORM G-364 c (1-75)

TIER 3 WORKSHEET FOR WIDOW OR WIDOWER

USE When - • EE has 10 Yrs RR SERVICE Before 1975 And
• W Fully Insured under SSAct on 12-31-74

1. RRB CLAIM NO.	WD 274439
2. TIER 3 DATE OF ENTITLEMENT	1-75
3. BASIS FOR ENTITLEMENT	☒ AGE 62 OR OVER ☐ DISABILITY FREEZE
4. DATE OF BIRTH	10-13-09

DATA FOR COMPUTATION

5. PIA - COMBINED RR AND SS EARNINGS - 12-31-74 CD
(PIA No. 8 - G-90, Item 7A)

A. 6-74 AMW PIA		B. 3-74 SPC MIN. PIA	
AMW	PIA	YRS. COV.	PIA
$ 263	$ 197.70	17	$

6. SPC MIN PIA PASS-THRU INCREASE TEST.
If PIA in Item 5A is less than $189.90, deconvert it to a 9-72 PIA and the PIA in Item 5B to a 1-73 SPC MIN PIA. Enter PIA's in the blocks below.

	9-72	6-74	INCREASE
AMW PIA	$	$	$
SPC MIN PIA	1-73 $	3-74 $	☐① ☐②

- If the 9-72 PIA exceeds the 1-73 SPC MIN PIA, compute the percentage increase in Item 15.
- If the 1-73 SPC MIN PIA exceeds the 9-72 PIA the increase is the larger of:
  ① The difference between the 1-73 SPC MIN PIA and the 6-1974 PIA; or
  ② The difference between the 1-73 and the 3-74 SPC MIN PIA's.

7. PIA - WIDOW'S SS EARNINGS - 12-31-74 CD.
(PIA No. 21 - G-90, Item 7A).

A. 6-74 AMW PIA		B. 3-74 SPC MIN. PIA	
AMW	PIA	YRS. COV.	PIA
$	$ 134.80	1	$

8. SS BENEFIT FOR 1968 and 1970 COMP. OFFSET BASED ON PIA IN Item 7A.

A. 1969 SS BEN. 68.25% x PIA	B. 1967 SS BEN. 87% x RATE IN A.
$ 92.00	$ 80.04

9. TABLE INCREASE
ENTER INCREASE IN Item 10A BASED ON AMW IN ITEM 5A

AMW	INCREASE	AMW	INCREASE
UP to $100	$ 7.53	$351 - 400	$ 16.06
101 - 150	9.26	401 - 450	17.24
151 - 200	10.62	451 - 500	18.60
201 - 250	12.07	501 - 550	19.87
251 - 300	13.34	551 - 600	22.96
301 - 350	14.70	OVER 600	25.95

1937 ACT COMPUTATION

10. BASIC AMOUNT (G-90, Item 6C)			$51.04
11. 1968 COMP	A. TABLE INCREASE (From Item 9)	$ 13.34	
	B. SS BEN. REDUCTION 17.3% x Item 8B	13.84	
	C. NET INCREASE A minus B. If result is $5 or more add it to Item 10 and skip to 12. If not, complete E. and F.	0	
	D. MINIMUM INCREASE	$5.00	
	E. SS BEN. REDUCTION 5.8% x Item 8B or 10 whichever is less.	2.96	
	F. NET INCREASE D minus E. If result is more than Item C add it to Item 10. If not, add Item C to Item 10.	2.04	53.08
12. 1970 COMP	A. 15% x 1968 COMP Rate or $25 if less. If less than $5 add to 1968 COMP rate and skip to 13. If not, complete B. and C.	$ 7.96	
	B. SS BEN. REDUCTION 13% x Item 8A	1.96	
	C. NET INCREASE A minus B. Add result or $5 whichever is higher to 1968 COMP Rate.	5.00 X	58.08
13. 1971 COMP RATE 110% x 1970 COMP Rate			63.88
14. 1972 COMP RATE 120% x 1971 COMP Rate			76.67
15. PASS-THRU INCREASE ☒ 9.9099% x PIA in Item 5A ☐ SPC MIN PIA increase in Item 6.			19.59
VT1ER 3 COMP	A. 1937 ACT RR RATE Item 14 plus 15. (5¢ round if necessary)	96.26	96.35
	B. PIA in Item 7A or B whichever is higher.		134.80
	C. Total BENEFITS A plus B		231.15
	D. 130% x PIA in Item 5A or B whichever is higher.		257.24
	E. Tier 3 AMOUNT (Before COL Increase) C minus D		-0-
	F. COL INCREASED TIER 3 AMOUNT Multiply E by ____%, the cumulative percentage of increases after 1974 but prior to EE's ABD or if earlier, EE's DOD.		

EXAMINER	DATE	COMPUTER	DATE
R Kennedy	8-22-75		

8 30 75 371 1

RRB FORM G-354 (1-75)

DETERMINATION OF AWARD
INSURANCE ANNUITY (COMPUTATION)

1. VOUCHER NO.

2. ● FINAL CERT. ○ PARTIAL CERT. ① RECERT. ○ REINSTATE. ○ SUSP./REINSTATE ○ REINST.-RECERT. ○ SUSP./REINSTATE-RECERT. ○ FORM PARTIALLY COMPLETED.

3. CLAIM NO. W D 2 7 6 9 3 7

4. DECEASED EMPLOYEE: THEODORE EVANS

5. EMPLOYEE'S SSA NO. 236 22 5076

6. EMPLOYEE'S MARTIAL STATUS AT DEATH — MALE: ② MARRIED ① S. W. D. ③ D. ④ S. W. D.; FEMALE: ⑤ MARRIED ⑥ S. W. D.

7. DATE OF BIRTH: 04-04

8. DATE OF DEATH: 12-53

9. ORIG. BEG. DATE: 10-1-69

10. PORTION OF ANN. WAIVED: ① ☐

11. BENEFICIARY DATA (A) PC	(B) SYM.	(C) RELATIONSHIP/ NAME	(D) DATE OF BIRTH	(E) CHECK SEX	SSA NUMBER OWN OR OTHER	CHECK RACE	(F) SSA NO. SUFFIX	(G) YRS. COV./ AMW	(H) PIA	(I) REQ. EFFECTIVE MO.	YR.
1	W	WIDOW	10-13-09	X	236 56 3752		A		$145.60	10	74
									$		
									$		
									$		
									$		

TIER 1 DATA

12. (A) REG. PIA: AMW $263; PIA $213.60 #

(B) SPEC. MIN. PIA: YRS. COV. 11; PIA $

(C) SSA MAX.: ① ☐ REG. TABLE $ ② ☐ SAV. CLAUSE $ ③ ☐ SPEC. MIN. $ ④ ☐ REDET. SC. $

(D) REDUCED AGE RATE CALCULATION: PIA/ INCREASE PR; RF; ADJUSTED RATE/ INCREASE $ 169.30; $ 15.40; ADJUSTED RATE ENTER IN 16 (B) $184.20

(E) RIB LIMIT ON WIA: ① ☐ EE'S RED RATE $; AMW $ PIA $; YRS. COV.; ② ☐ 82½ % X PIA $ (PIA IN ITEM 12(A) OR 12(B))

(F) WIDOW(ER)'S SOLE SURVIVOR COMP. (RIB LIMIT CANNOT APPLY) ITEM 16(B) CANNOT BE LESS THAN HIGHER OF: ② ☐ REG. MIN. PIA REDUCED FOR RF SHOWN IN ITEM 12 (D). ③ ☐ SOLE SURVIVOR MIN. (ONLY REDUCE "PR" FOR MONTHS UNDER AGE 62)

TIER 2

13. SPOUSE MIN. GUARANTY RATE ② ☐ $

WINDFALL DATA

14.

(A) EE'S 6-74 PIA	(B) WIDOW'S 6-74 PIA	(C) 1937 ACT RR FORMULA	(D) EE'S ABD
AMW $263	AMW $	RATE $ 96.35	—
PIA $197.70	PIA $134.80	AMR $ 124	(E) WF DOE
YRS. COV. 17	YRS. COV. 1	INC. YRS. 12	1-75

20. REVISED RESEARCH DATA
☐ RESEARCH NOTIFIED
☐ ITEMS ENTERED OR CIRCLED IN RED CHANGED
EXAMINER ____ DATE ____

21. REMARKS
#6-74 PIA $197.70
CONVERSION TO TIERS
6-75 COL INC

EQUALIZATION
6-74 RATE 96.35
TIER I + II 83.99
EQUAL W/F 12.36
(E)

22. CLAIMS EXAMINER $800 DATE: R Kaminski 8-22-75

23. COMPUTER DATE

24. AUTHORIZER DATE: [illegible] 8-25-75

1974 ACT SURVIVOR ANNUITY COMPUTATION

15. IDENTIFYING INFORMATION					
(A) EFFECTIVE DATE	6-1-75		1-1-75		
(B) PAYEE CODE	1		1		
(C) SYMBOL	W		W		
16. TIER 1 COMPUTATION					
(A) ORIG. OR REQ FOR MAX RATE (ROUND UP 10¢ IF NECESSARY)	213.60		197.70		
(B) FIRST ADJUSTED RATE	184.20		168.30		
(C) REDUCTION FOR: ① ☐ EE TIER 1 AMT. A ____ EE CLAIM NO. ② ☐ SS BENEFIT	145.60		134.50		
(D) TIER 1 AMOUNT	38.60		33.80		
17. TIER 2 COMPUTATION					
(A) 30% X 16(A) OR 16(B)					
(B) ADDITIONAL AMOUNT: ① ☐ SPOUSE MIN. ② ☐ EQUALIZED AMOUNT					
(C) TIER 2 AMOUNT 30% X 16(A) OR 16(B); OR 17 (A) PLUS 17 (B)	55.26		50.49		
18. WINDFALL AMOUNT					
ENTER AMT. FROM FORM G-354C ② ☐ ZERO	12.36		12.36		
19. MONTHLY ANNUITY					
(A) TOTAL OF TIER 1 (15 (D)) TIER 2 (17 (C)) WINDFALL (18)					
(B) ① ☐ ACT. ADJ. ② ☐ TEMP. WITHHOLD RECOVERY DATE					
(C) MONTHLY ANNUITY RATE	$ 105.22		96.35		

RRB FORM G-364.1 (3-74)

DETERMINATION OF AWARD

INSURANCE ANNUITY (PAYMENT)

8 30 75 371

1. VOUCHER NO.

2. TYPE OF PAYMENT
- [ ] CONSTRUCTIVE AWARD
- [ ] ONE PAYMENT ONLY
- [x] RECURRING PAYMENT

3. CLAIM NO. WD 276439

4. DECEASED EMPLOYEE THEODORE EVANS

5. EMPLOYEE'S SSA NO. 236225076

SECTION 1

6. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
W	$ 106.22	6-1-75	8-31-75	3	$ 318.66	$ 96.35	6-1-75	8-31-75	3	$ 289.05	$
						RECOVERY FOR: ④ [ ] RUIA ② [ ] SUP		$	SSA	$	
7. SMIB CODE 1	8. SMIB EFF. DATE 10-1-74		SMIB PREMIUM							$	29.61

8/26/75

9. CERTIFICATION OF PAYMENT — CONTROL DATE OF BIRTH 101309

LINE	PAYEE CODE 1	0X50 NAME & ADDRESS OF PAYEE		
			LAST MO. CHECK RATE	$ 89.65
1			MO. RATE OR SHARE	$ 106.22
2			SMIB PREMIUM	$ 6.70
3			MO. CHECK RATE	$ 99.52
4			NET AMOUNT PAID	$ 29.61
5			10. BAL. CONTROL	$

REPRESENTATIVE PAYEE CODE
- ① [ ] A. Court Appointed payee
- ② [ ] B. Payee-neither court appointed nor parent for child.
- ③ [ ] C. Parent for Child

11. SUSPEND EFF.

G-96 CODE [ ][ ]

SECTION 2

12. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS MO. RATE	FROM	TO	NO. MOS.	AMOUNT	DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED) MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT DUE
	$				$	$				$	$
						RECOVERY FOR: ④ [ ] RUIA ② [ ] SUP		$	SSA	$	
13. SMIB CODE	14. SMIB EFF. DATE		SMIB PREMIUM							$	

15. CERTIFICATION OF PAYMENT — CONTROL DATE OF BIRTH

LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE		
			LAST MO. CHECK RATE	$
1			MO. RATE OR SHARE	$
2			SMIB PREMIUM	$
3			MO. CHECK RATE	$
4			NET AMOUNT PAID	$
5			16. BAL. CONTROL	$

REPRESENTATIVE PAYEE CODE
- ① [ ] A. Court Appointed payee
- ② [ ] B. Payee-neither court appointed nor parent for child.
- ③ [ ] C. Parent for Child

17. SUSPEND EFF.

G-96 CODE [ ][ ]

18. REMARKS

7-17

19. CLAIMS EXAMINER	DATE	20. COMPUTER	DATE	21. AUTHORIZER	DATE
R Kumanski #800	8-22-75			[illegible]	8-25-75

RRB FORM G-660 (6-73)

CODE SHEET – APPLICATIONS & TICKLERS

CLAIM NO. (COLS. 2-11) D — — 2 7 6 4 3 9

SECTION I – STATUS AND DISPOSITION OF APPLICATIONS

COLUMN 21 TYPE of APPLICATION	CODE
AGE AND SERVICE ANN.	0
SPOUSE ANN.	1
RET. DISABILITY ANN.	2
SUPPLEMENTAL ANN.	6
RET. DIS. MEDICARE	7
SURVIVOR ANN.	3
SURV. DIS. MEDICARE	8

COLUMN 22 STATUS OF APPLICATION	CODE
NEW APPLICATION	0
REACTIVATED	1
RECERTIFIED	2

COLUMN 23 TYPE OF DISPOSITION	CODE
FINAL CERTIFICATION	0
CLOSED WITHOUT AWARD	1
PARTIAL CERTIFICATION	5
SUP. ANN. RED. TO ZERO	6

COLUMN 24 (COMPLETE IF COL. 21 IS '3', '7' OR '8') APPLICATION NUMBER	CODE
AA-1d	0
AA-17, or AA-17a, or G-476c	1
AA-17b, or AA-17b and AA-17 or AA-17a	8
AA-18	2
AA-19	3
AA-19a	4
AA-19s	7
AA-20	5
AA-21, AA-21a, G-126, AA-3	6

RECEIPTS							DISPOSITION																									
		IF 21 IS '3' '7' '8'	NO. OF APPL.		CLERK					NO. OF APPL.		CODING DATE						ANN. BEG. DATE						G-183		PRODUCTION REPORT EXAM			AUTH			CLERK
21	22	24	25	26		21	22	23	24	25	26	32	33	34	35	36	37	38	39	40	41	42	43	69	70	73	74	75	78	79	80	
						3	2	0	1	0	1	0	8	2	8	7	5									5	0	0	8	0	0	6
6						6																										

SECTION II - TICKLER DATES

ORGANIZATION UNIT CODE (19)		CODE (19)	
0	DB	8	P&A
1	RI	H	HB
2	SCREENING	R	PAYMENT
4	RP		RECORDS
5	SP	W	WRP
6	SI	X	SQI

EARNINGS REPORT CODES

N	RELEASE ANNUAL POLICING FORM
9	RELEASE POLICING FORM JAN 1 (SURV)

CODES (16-17)	CODES (19)	CALL-UP DATE (20-24)	EXAM.		DATE COMPLETED	EXAM.

CODE (16-17)	REASON FOR CALL-UP
01	ERRONEOUS PAYMENTS
02	ERRONEOUS PAYMENTS TRACER
03	REINSTATEMENT OF PAYMENTS
04	OUTSTANDING CHECK NOT DUE
09	SEC. 2(D) REFUND
11	INVESTIG. OF EMP. & EARN.
13	TRACE G-432
14	PROOF OF AGE
15	G-175a - G-176a - G-181a
16	SF 1184 TRACER
17	DATE OF DEATH
21	CONTINUANCE OF DISABILITY
52	DEFERRED LUMP SUM PAYABLE
53	RESIDUAL PAYABLE
	RETIREMENT MISC.
49	
49	
49	
	SURVIVOR MISC.
99	
99	
99	

SECTION III - REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV– NAME AND ADDRESS OF OTHERS TO BE NOTIFIED

RRB FORM G-811 (1-67)

SMIB PREMIUM STATUS CODE SHEET

1. ENTER RRB CLAIM NUMBER

COLUMNS 2-13

SYM & PREFIX	SSA	CLAIM NUMBER

2. ENTER IN COLUMN 14 CODE:

COL. 14 15 — 0

(6) To indicate manual award action being taken. Closes auxiliary file to subsequent billing or premium receipts. Furnishes latest SMIB status.

(8) To prevent year-end billing where annuity is being withheld to recover overpayment.

(9) To obtain informational printout of auxiliary file record.

3. ENTER THE TYPE OF BENEFICIARY CODE AS FOLLOWS:

COL. 16

(1) EMPLOYEE
(2) SPOUSE
(3) WIDOW(ER)
(4) DISABLED CHILD
(5) MALE PARENT
(6) FEMALE PARENT
(7) IPI

Code (1) & (2) includes unretired employees & their spouses (AA-101 & AA-103 cases, but not spouse IPI).

4. ENTER MONTH AND YEAR ANNUITY SUSPENDED.

Show month and year G-96 was dated if such date is current month or succeeding month. Otherwise, leave blank.

COL. 17 18 19 20

5. ENTER UNIT DESIGNATION.

RI, RP, SA, SB, PP, SP, PA, PR, HB, ES, WR, SD.

COL. 21 22

REQUESTED BY	DATE

G-811 (1-67)

	B COMP SERV MOS.	C WAGE CODE	D WAGE & COMP CODE	E AGE	F AGE AC	G COMP MO CC	H WAGE M/S PATTERN	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
47 ARU 1050									
3600 51 3600									
52									
53									
3600 54 3900									
4200 55 4200		AAAA	4					W899.69	899.69
56		AAAA	4		4			W662.64	662.64
57		AAAA	4		4			W775.08	775.08
58		AAAA	4		4			W788.25	788.25
4800 59 4550		AAAA	4		4			W957.35	957.35
4800 60 4800		AAAA	4		4			W935.46	935.46
61		AAAA	4		4			W1,162.97	1,162.97
62		AAAA	4		4			W1,090.65	1,090.65
4800 63 4900		AAAA	4		4			W1,201.87	1,201.87
4800 64 5400		AAAA	4		4			W905.92	905.92
65		AAAA	4		4			W1,125.88	1,125.88
6600 66 6600		AAAA	4		4			W1,012.90	1,012.90
67		AAAA	4		4			W1,347.72	1,347.72
7800 68 7800		AAAA	4		4			W1,570.50	1,570.50
69		AAAA	4		4			W1,610.28	1,610.28
70		AAAA	4		4			W1,675.48	1,675.48
71		AAAA	4		4			W1,863.41	1,863.41
9000 72 9000		AAAA	4		4			W1,956.99	1,956.99
10800 73 10800		AAAA	4		4			W2,345.12	2,345.12
13200 74 13200		NNNN			4			W2,633.66	2,633.66
14100 75 14100		AAAA	4					W1,207.55	1,207.55
76									
77									
78									
79									
80									
81									

2. REQUEST DATA

A CLAIM NUMBER	B ACCOUNT NUMBER	C NAME	D SEX	E TYPE ANN	F DF ONSET	G PRIOR SVC. MOS.	G PRIOR SVC. AVERAGE	H DATE INTO SYSTEM	I MBR E/M	J TYPE REQUEST
D276439	236 56 3752		U					03-17-77		INFO

K BIRTH DATE MO. DAY YR.	L DOD MO. YR.	M APPL. DATE D. YR.	N ANN. BEGIN. DATE MO. DAY YR.	O COMP ALLOC	P M/S AFTER 1936 FROM	P TO	P CR.	Q C/C IND	R	S REQ. UNIT	T REQ. BUR
					1 2					RXS	RS

3. DPA MASTER RECORD DATA

A NAME	B ACCOUNT NO.	C CLAIM NO.	D DOB MO. YR.	E PAYROLL ID	F EMPLOYER NOS.	G P/S MOS.	H DATE PRINTED
	NO MSTR RCD						03 30 77

I LYS ICC YR.	J DEATH YR. SRCE	K INACT. INCORR. IND.	L EARMARKINGS: SS	RSI	GF	DF	UI 87	C/C	M SSA TRANSF. OR INQUIRY	N	O DATA REC'D. MO. DAY SS REPLY 03 30 REENTRY

4. SSA WAGE TAPE DATA

A PEND. IND.	B NAME	C DOB MO. YR.	D SEX	E BEN. STATUS	F DIS. FRZ.	G MULT A/N	H WAGES TO DATE	I
	EVANS	10 09	F	A	-		27.729.37	

5. SSA MASTER BENEFIT (MBR) DATA

A NAME	B BIRTH DATE MO. DAY YR. VER	C SEX	D RR CRED.	E BIC	F LAF CODE	G CURRENT PIA	H SPEC MIN	I SSA REG. PIA	J DRC	K TERM DATE MO. YR.	L SMIB PREMIUM
ELVA EVANS	10 13 09	U		A	C	159.80		159.80	X		

M BENEFIT DATA MO. YR.	MO. RATE	MO. YR.	MO. FAM. RATE	N 4TH RATE	O PART RATE	P SS BEN. DOE MO. YR.	Q BENEFICIARIES A	B	C	D	E	F	OTHER	R M/S CODE	S HIB EFF. MO. YR.	T SMIB EFF. MO. YR.
06 76	159.80			X		10 74	1									
06 75	150.10															
01 75	138.90															

U CROSS REF. NO. | V

6. COMPUTATIONS

A SUBS. SVC. COMPENSATION DATA

	SM	COMPENSATION
TOTAL THRU DLW		
CREDITABLE M/S		
TTO WITH M/S		
37-46 COMP.		
GROSS RESIDUAL		
GROSS RESIDUAL WITH M/S		
1959 GROSS AMT.		
EXCESS TAX		

B COMPUTATIONS (PRIOR & SUBS. SVC.)

	SM	COMPENSATION	AMC	#	OPT AMC
PRE 1975 WITH M/S				1	
POST 1974				2	
THRU RR DLW WITH M/S				5	

C BASIC AMT. I/YRS. (1) FOR W/F AMR AMT. (2) FOR LSDP AMR AMT.

D

7. PIA DETERMINATIONS

A PIA'S

ID	AMW	AMT.	YOC	SPEC. MIN.	AMW	AMT.	YOC	SPEC. MIN.
3								
4								
5								
6								
7								
8								
9								
10								
11								
RECOMP-EFFECTIVE								
1								
3								
9								

B QTRS. OF COVERAGE REQUIRED

ACQUIRED:
WAGES ONLY-
THRU 19
TO DATE
WAGES & POST 74 COMP.-
TO DATE

QTR. I/S ACQUIRED

C PIA 2 FOR TIER I WD
INITIAL | RECOMP.

8. REMARKS:

1976 S.S. WINDING -
ACCOUNT & FILE

1608

RRB FORM G 90 (8-75)

CERTIFICATION OF SERVICE AND COMPENSATION – BASIC AMOUNT, AMC AND PIA DETERMINATIONS

RRB FORM G-358 (10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER		PC	SY	RATE BEFORE SMIB OLD	RATE BEFORE SMIB NEW	SMI CD	TOTAL WK DED AMT
WD	276439	1	W	117.88	124.72	1A	00.00

ID	TIER 1 DATA PIA	DRC	GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	256.50		225.20	44.80	67.56	12.36

ID	REDUCTION AMOUNTS AGE	ACT ADJ	MS	WITHHOLD	WVR	ADJ CHECK DATE	AMOUNT
W	31.30	00.00		00.00		7-01-78	116.52

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT	SFX	PIA	PD BY RRB
W	116.52	180.40	A	180.40	

REMARKS

FOLDER RECORDS PRINTED ON 8-14-78
*
*
*
*
*
*

RRB FORM G-358 (10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER		PC	SY	RATE BEFORE SMIB OLD	NEW	SMI CD	TOTAL WK DED AMT
WD	276439	1	W	106.22	114.63	1A	
			W	114.63	117.88	1A	

ID	TIER 1 DATA PIA	DRC	GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	227.30		197.90	42.90	59.37	12.36
W	240.80		211.40	42.10	63.42	12.36

ID	REDUCTION AMOUNTS AGE	ACT ADJ	MS	WITHHOLD	WVR	ADJ CHECK DATE	AMOUNT
W	29.40	00.00		00.00		7-01-76	107.43
W	29.40	00.00		00.00		7-01-77	110.18

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT	SFX	PIA	PD BY RRB
W	107.43	155.00	A	155.00	
W	110.18	169.30	A	169.30	

REMARKS

FOR ADJUSTMENTS MADE 7-1974 THROUGH 5-1976 SEE MICROFILMS
SS EXCEEDS RES SS BY OVER $1.00 PC 1 JUL-76
SS EXCEEDS RES SS BY OVER $1.00 PC 1 JUL-77

DRA SPECIAL HANDLING SURVIVOR COL REVIEW --1976,1977, AND 1978

77 NER ANT GREATER THAN RES AMT - 35

CLAIM NUMBER	PC	SS BENEFIT CODE 1976 1977 1978	SPECIAL HANDLING 1976 1977 1978
D 276439	1	0 2	35 35

A	B	C	D	E	F	G	H	I WAGES AND/OR COMPENSATION	J TOTAL WAGES AND COMPENSATION
1537 1800									
3600 3800 51									
52									
53									
3600 3900 54									
4200 4200 55		AAAA	4					W899.69	899.69
56		AAAA	4		4			W662.64	662.64
57		AAAA	4		4			W775.08	775.08
58		AAAA	4		4			W788.25	788.25
4800 59		AAAA	4		4			W957.35	957.35
60		AAAA	4		4			W935.46	935.46
61		AAAA	4		4			W1,162.97	1,162.97
62		AAAA	4		4			W1,090.65	1,090.65
4900 63		AAAA	4		4			W1,201.87	1,201.87
4800 64		AAAA	4		4			W905.92	905.92
65		AAAA	4		4			W1,125.88	1,125.88
8600 66		AAAA	4		4			W1,012.90	1,012.90
67		AAAA	4		4			W1,347.72	1,347.72
7400 68		AAAA	4		4			W1,570.50	1,570.50
69		AAAA	4		4			W1,610.28	1,610.28
70		AAAA	4		4			W1,675.48	1,675.48
71		AAAA	4		4			W1,863.41	1,863.41
9000 72		AAAA	4		4			W1,956.99	1,956.99
10800 73		AAAA	4		4			W2,345.12	2,345.12
12200 74		NNNN			4			W2,633.66	2,633.66
14100 75		AAAA	4					W1,207.55	1,207.55
15000 76									
16500 77									
78									
79									
80									
81									

2. REQUEST DATA

A CLAIM NUMBER	B ACCOUNT NUMBER	C NAME	D SEX	E TYPE ANN.	F DF ONSET	G PRIOR SVC. MOS.	G PRIOR SVC. AVERAGE	H DATE INTO SYSTEM	I MBR EV	J TYPE REQUEST
D276439	236 56 3752		U					12-02-78		INFO

K BIRTH DATE MO. DAY YR.	L DOD MO. YR.	M APPL. DATE Q. YR.	N ANN. BEGIN. DATE MO. DAY YR.	O COMP ALLOC	P 1 2	MOS AFTER 1936 FROM TO	CR.	Q C/C IND	R	S REQ UNIT	T REQ BUF
										RXS	RS

3. DPA MASTER RECORD DATA

A NAME	B ACCOUNT NO.	C CLAIM NO.	D DOB MO. YR	E PAYROLL ID	F EMPLOYER NOS.	G PS MOS	H DATE PRINTED
	NO MSTR RCD						01 27 79

I LYS ICC YR.	J DEATH YR. SRCE.	K INACT. INCORR. IND.	L EARMARKINGS: SS	RSI	GF	DF	UI 87	C/C	M SSA TRANSF. OR INQUIRY	N	O DATA RECD MO DAY SS REPLY REENTRY 01 25

4. SSA WAGE TAPE DATA

A PEND. IND.	B NAME	C DOB MO. YR.	D SEX	E BEN. STATUS	F DIS. FRZ.	G MULT. A/N	H WAGES TO DATE	I
	EVANS	10 09	F	A	-		27,729.37	

5. SSA MASTER BENEFIT (MBR) DATA

A NAME	B BIRTH DATE MO. DAY YR. VER.	C SEX	D RR CRED.	E BIC	F LAF CODE	G CURRENT PIA	H SPEC. MIN.	I SSA REG. PIA	J ORC	K TERM DATE MO. YR.	L SMIB PREMIUM
ELVA EVANS	10 13 09	U		A	C	180.40		180.40	X		

M BENEFIT DATA MO. YR.	MO. RATE	MO. YR.	MO. RATE	FAM. RATE	N. PART RATE	O.	P. SS BEN DOE MO. YR.	Q. BENEFICIARIES A	B	C	D	E	F	OTHER	R. M.S CODE	S. HIB EFF MO. YR.	T. SMIB EFF MO. YR.
06 78	180.40	06 75	150.10				10 74	1									
06 77	169.30	01 75	138.90														
06 76	159.80	11 74	134.80														

U.

6. COMPUTATIONS

A SUBS. SVC. COMPENSATION DATA	SM	COMPENSATION
TOTAL THRU DLW		
CREDITABLE M/S		
TTD WITH M/S		
37-46 COMP.		
GROSS RESIDUAL		
GROSS RESIDUAL WITH M/S		
1959 GROSS AMT.		
EXCESS TAX		

B COMPUTATIONS (PRIOR & SUBS. SVC.)	SM	COMPENSATION	AMC	=	OPT AMC	C BASIC AMT. I/YRS.
PRE 1975				1		(1) FOR W/F AMR
WITH M/S						
POST 1974				2		AMT.
1976 MAX.				3		(2) FOR LSDP AMR
1980 MAX.				4		
THRU RR DLW WITH M/S				5		AMT.

D FAMC

7. PIA DETERMINATIONS

A PIA'S

ID	AMW	AMT.	YOC	SPEC. MIN.	AMW	AMT.	YOC	SPEC. MIN.
3								
4								
5								
6								
7								
8								
9								
10								
11								
RECOMP-EFFECTIVE								
1								
3								
9								

B QTRS. OF COVERAGE
REQUIRED

ACQUIRED:
WAGES ONLY-
THRU 19
TO DATE
WAGES & POST 74 COMP.-
TO DATE

QTR. I/S ACQUIRED

C PIA 2 FOR TIER I WD
INITIAL | RECOMP.

8. REMARKS:

1978 SP HNDLNG
ASSOCIATE AND
FILE DOWN

11544

HEW FORM G-90 (1-78)

CERTIFICATION OF SERVICE AND COMPENSATION - BASIC AMOUNT, AMC AND PIA DETERMINATIONS

RRB FORM G-358(10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER		PC	SY	RATE BEFORE SMIB OLD	RATE BEFORE SMIB NEW	SMI CD	TOTAL WK DED	TOTAL WK AMT
WD	276439	1	W	124.72	135.81	1A		

ID	TIER 1 DATA PIA	TIER 1 DATA DRC	TIER 1 DATA GROSS	TIER 1 DATA NET	TIER 2 DATA	WINDFALL DATA
W	281.90		247.50	49.20	74.25	12.36

ID	REDUCTION AMOUNTS AGE	REDUCTION AMOUNTS ACT ADJ	REDUCTION AMOUNTS MS	REDUCTION AMOUNTS WITHHOLD	REDUCTION AMOUNTS WVR	ADJ CHECK DATE	ADJ CHECK AMOUNT
W	34.40	00.00		00.00		7-02-79	127.11

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT	SS BENEFIT DATA SFX	SS BENEFIT DATA PIA	SS BENEFIT DATA PD BY RRB
W	127.11	198.30	A	198.30	

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PRINTED ON 10-13-79

RRB FORM G-358(10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER		PC	SY	RATE BEFORE SMIB OLD	RATE BEFORE SMIB NEW	SMI CD	TOTAL WK DED AMT
WD	276439	1	W	135.81	153.56	1A	

ID	TIER 1 DATA PIA	DRC	GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	322.30		283.00	56.30	84.90	12.36

ID	REDUCTION AMOUNTS AGE	ACT ADJ	MS	WITHHOLD	WVR	ADJ CHECK DATE	AMOUNT
W	39.30	00.00		00.00		7-01-80	143.96

ID	NEW REG ANN RATE AFTER SMIB	AMOUNT	SS BENEFIT DATA SEX	PIA	PD BY RRB
W	143.96	226.70	A	226.70	

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PRINTED ON 10-24-80

DATE 06-19-82

6-1982 COL AND 7-1-82 SRI INCR

A CLAIM NUMBER	B PC	C SYM	TIER I K GROSS AMOUNT / E NET TIER I	F DRC	G AGE RED / H M S RED	TIER II I NET TIER II / J COMP 1	K COMP 2 / L COMP 3	M	O AGE RED / P M S RED	WINDFALL Q GROSS WINDFALL / R WAC	S AGE RED / T M S RED	SS MEN DATA U SSA PIA / V SSA AMOUNT	W SEX / X PC	Y OLD RATE BEFORE SRI / Z NEW RATE BEFORE SRI	AA NEW RATE AFTER SRI / BB AMOUNT	CC
WD 276356	1	W	417.40		407.10 A	116.49				3.81		302.20	A	214.80	212.68	
			105.00			116.49 E				3.24		307.00	C	224.73	212.68	
WA 276358	1	W	377.90			108.10				61.92		556.10	A	158.20	148.53	
			000.00			108.10 E				52.63		555.00	C	160.73	148.53	
WA 276361	1	W	274.70			137.40	58.82							135.56	137.40	
			000.00 A			78.58 E								137.40	137.40	D
WD 276363	1	W	412.90			118.12				000.00		230.80	A	294.35	297.92	
			192.00			118.12 E						220.00	C	310.12	297.92	
WA 276366	1	W	286.30			81.90								340.58	355.70	
			286.00			81.90 E								367.90	355.70	
WD 276369	1	W	417.40		354.40 A	101.41								429.13	443.21	
			354.00			101.41 E								455.41	443.21	
WD 276372	1	W	417.40		400.20 A	114.49				36.37		377.90	A	195.52	190.20	
			57.00			114.49 E				30.91		343.00	C	202.40	190.20	
WA 276374	1	W	345.20			98.76				000.00		182.90	A	250.85	252.56	
			166.00			98.76 E						179.00	C	264.76	252.56	
WD 276387	1	W	389.70		336.00 A	96.12								406.77	419.92	
			336.00			96.12 E								432.12	419.92	
WD 276390		W	393.20			112.50								476.06	493.30	
			393.00			112.50 E								505.50	493.30	
WA 276392	1	W	302.20			86.45								365.82	376.25	
			302.00			86.45 E								388.45	376.25	D
WD 276392	1	W	384.90		348.10 A	99.59				000.00		230.80	A	207.36	205.89	A
			128.00			99.59 E						220.00	C	219.09	206.89	
WA 276393	1	W	302.20			86.45								365.82	376.25	
			302.00			86.45 E								388.45	376.25	
WD 276398	1	R	345.20		242.10 A	69.27								293.15	299.07	
			242.00			69.27 E								311.27	299.07	D
WA 276412	1	W	349.60			100.02								423.28	436.82	
			349.00			100.02 E								449.02	436.82	D
WA 276414	1	W	223.00			63.81								270.01	266.11	
			223.00			63.81 E								286.81	266.11	
WA 276425	1	W	405.30			115.94								490.62	508.74	
			405.00			115.94 E								520.94	508.74	D
WA 276428	1	W	333.90			95.51								404.17	428.51	
			333.00			95.51 E								428.51	428.51	D
WD 276439	1	W	384.90		337.90 A	96.68				12.36		270.70	A	167.52	161.99	
			67.00			96.68 E				10.51		270.00	C	174.19	161.99	
WD 276443	1	W	412.90			118.12				12.69		333.90	A	208.14	204.71	
			88.00			118.12 E				10.79		324.00	C	216.91	204.71	
WD 276444	1	W	417.40			119.41				000.00		182.90	A	342.21	361.41	
			242.00			119.41 E						175.00	C	361.41	361.41	
WA 276458	1	W	321.80			92.07				55.69		366.20	A	137.25	127.21	
			000.00			92.07 E				47.34		356.00	C	139.41	127.21	D
WA 276460	1	W	326.00			93.27				50.30		353.60	A	133.83	121.82	
			000.00			93.27 E				42.75		326.00	C	136.02	121.82	

RRB FORM G-358(10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER		PC	SY	RATE BEFORE SMIB OLD	NEW	SMI CD	TOTAL WK DED AMT
WD	276439	1	W	153.56	169.37	1A	

ID	TIER 1 DATA PIA	DRC	GROSS	NET	TIER 2 DATA	WINDFALL DATA
W	358.40		314.70	62.60	94.41	12.36

ID	REDUCTION AMOUNTS AGE	ACT ADJ	MS	WITHHOLD	WVR	ADJ CHECK DATE	AMOUNT
W	43.70	00.00		00.00		7-01-81	158.37

ID	NEW REG ANN RATE AFTER SMIB	AMOUNT	SS BENEFIT DATA SFX	PIA	PD BY RRB
W	158.37	252.10	A	252.10	NO

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PRINTED ON 6-26-81

RRB FORM G-358A (12-84)

6-83, 12-83 AND 12-84 COL ADJUSTMENTS

NOTICE OF ANNUITY ADJUSTMENT

SEQ NO. 202,037

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) GROSS AMOUNT / (E) NET TIER I	CODE	(F) DRC	(G) AGE RED / (H) MSRED/ PREV TIER I	CODE	TIER II (I) NET TIER II / (J) COMP 1	CODE	(K) COMP 2 / (L) COMP 3	(M) RRA MAX / (N) TIER II COL T/B	(O) AGE RED / (P) MS RED/ PREV TIER II	WINDFALL (Q) GROSS WINDFALL / (R) WAC/ TOT T/B AMT	(S) AGE RED / (T)	SS BEN DATA (U) SSA PIA / (V) SSA AMOUNT	(W) SFX / (X) RR PD	(Y) OLD RATE BEFORE SMI / (Z) NEW RATE BEFORE SMI	(a) NEW RATE AFTER SMI / (b) ADJ CK AMOUNT	CODE	(c) SUPP ANN RED RRA MAX / (d) REJ/REV
8-83 COL ADJ + ACCR (JUN)	WD 276439	1	W						97.74									176.04	164.90		
									97.74	E		1.06						177.10	165.96		
12-83 COL-T/B-M/S ADJ	WD 276439	1	W	398.30			349.60	A	95.74					12.36		280.10	A	177.10	162.50		
				69.00			67.00		97.74	E		2.00	97.74	3.35		280.00	C	177.10	162.50		
12-84 COL-T/B-TAX W/H ADJ	WD 276439	1	W	412.20			361.80	A	95.44					12.36		289.90	A	177.10	164.30		
				72.00			69.00		96.79	E		1.35	95.74	3.35	000.00	289.00	C	179.80	164.30		

MOMS MASTER FILE AS OF MAY 01, 1985

A	COMB AMT	I	CENTURY	Q	SUP ANN UNDEL TOT	X	SS	VOUCHER NUMBER
B	STUFFER	J	BENEF EFF DATE	R	TOT SA CHECKS	Y	SS	ACCOUNTING DATE
C	EDP AWARD	K	DISABILITY	S	SUP ACC UNDEL TOT	Z	SS	CUR AWARD CODE
D	RR EARNMARK	L	REPER DATE	T	TOT SUP ACC CHECKS	@	SS	G96 CALISE CODE
E	STOP COMB AMT	M	REG ANN UNDEL TOT	U	SA BEGIN DATE			
F	OM EARNMARK	N	TOT RA CHECKS	V	PENSION EFF DATE			
G	TERM EFF DATE	O	REG ACC UNDEL TOT	W	RBEFF DATE			
H	CUR AWD CODE	P	TOT REG ACC CHECKS	*	CURRENT PAYMENT			

SS ENTITLEMENT

CLAIM NUMBER	BENEFIT STATUS	NAME AND ADDRESS			
WD 276372	CURRENT PAY	GRAYCE E MENCKE	92 SEWALL AV	BROOKLINE MA 02146	

POLICE CODE	LINE CT	PAY CODE	CHECK RATE	GEO CODE	CB	SMIB CODE	SMIB DED	MBN CMP	SUP EFF MO DY Y	SSA ACC	SUP RED	OLD CHK RATE	BA NO	RR ACC AMT	TRM	TYP TRM	T S	DOB MO DY YR	VOUCH NO	ACCT DATE MO DY Y	COA	SUP ACC	SMIB EFF MO YR	SMIB IPD	PLIP AMT
000	0	3	1	19602	040	0	10	15.5	RR 02146	00000	00	.00	19452	0000	00	00	0	0	082904	472	12124	0	.00	0869	.0 0
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W			
0	0	1	510	0		0000		9	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0869	F 51	00

BENEFIT RATES RR 19602 , 19452 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #1

WA 276374	CURRENT PAY	MARY O GRANT	123 SW BROOK ST	NEWPORT OR 97365							
000	0	3	1	25408	390	0	10	15.5	RR 97365	00000	00	.00	25125	0000	00	00	0	0	120992	472	12124	0	.00	0766	.0 0
0	0	1	510	0		0000		8	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

BENEFIT RATES RR 25408 , 25125 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #1

WD 276387	CURRENT PAY	FLORENCE E MORELAND	1808 N 24 ST	RICHMOND VA 23223							
000	0	3	1	42485	140	0	10	15.5		23223	00000	00	.00	41858	0000	00	00	0	0	040711	472	12124	0	.00	0476	.0 0
0	0	0	510	0		0000		9	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0476	F 51	00

BENEFIT RATES RR 42485 , 41858 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #2

WD 276390	CURRENT PAY	GRACE E RIGGS	25 BARBARA DR	LITTLE ROCK AR 72204							
000	0	4	1	50070	190	0	10	15.5	OM 72204	00000	00	.00	49214	0000	00	00	0	0	110098	472	12124	0	.00	0766	.0 0
0	0	0	510	0		0000		8	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

BENEFIT RATES RR 50070 , 49214 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #2

WA 276392	TERMINATED	ANNA WINECOFF	161 SCHOOL RD	ASHEVILLE NC 28803							
000	0	3	1	37480	160	0	10	14.6	OM 28803	00000	00	.00	37720	0000	37815	41	0	2	070082	086	01194	0	.00	0766	.0 0
0	0	0	000	0		1283		8	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

BENEFIT RATES RR 37480 , 37720 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #2

WD 276392	CURRENT PAY	BERTHA T THRASHER	CLINTON	ME 04927							
000	0	3	1	20735	010	0	10	15.5	RR 04927	00000	00	.00	20559	0000	00	00	0	0	032707	472	12124	0	.00	0372	.0 0
0	0	0	510	0		0000		9	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0372	F 51	00

BENEFIT RATES RR 20735 , 20559 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #1

WA 276395	CURRENT PAY	ALTA ZUMBRUN	1100 E 14	CHEYENNE WY 82001							
000	0	3	1	38065	480	0	10	15.5	OM 82001	00000	00	.00	37480	0000	00	00	0	0	040091	472	12124	0	.00	0766	.0 0
0	0	0	510	0		0000		8	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

BENEFIT RATES RR 38065 , 37480 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #2

WD 276398	CURRENT PAY	ANNA F BUZIAK	15 KRUPP	BUFFALO NY 14212							
000	0	3	1	35821	070	0	10	15.5		14212	00000	00	.00	35240	0000	00	00	0	0	102514	472	12124	0	.00	0773	.0 0
0	0	0	510	0		0000		9	0000	9	000000		00	00	00	00	.00	00	.00	00	000000		00	0773	F 53	00

BENEFIT RATES RR 35821 , 35240 SU .00 .00 SS 00 00 TIERS 02-02589 2 C02 ACT 2000839 X Y Z @ #2

WA 276414	CURRENT PAY	FRANCISCA NEGRETTE	410 FULLER ST	CORONA CA 91720							
000	0	3	1	26559	480	0	50	26.4		91720	00000	00	.00	26271	0000	00	00	0	0	100400	472	12124	0	.00	0778	.0 0
0	0	0	510	0		0000		9	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

BENEFIT RATES RR 26559 , 26271 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #2

WA 276425	CURRENT PAY	MABEL WINFIELD	2616 COLLEGE AVE	BERKELEY CA 94704							
000	0	3	1	51681	480	0	10	15.5	OM 94704	00000	00	.00	50762	0000	00	00	0	0	010095	472	12124	0	.00	0766	.0 0
0	0	0	510	0		0000		8	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

BENEFIT RATES RR 51681 , 50762 SU .00 .00 SS 00 00 TIERS 0135-269 314 C12 ACT 1000248 X Y Z @ #2

WD 276439	CURRENT PAY	ELVA A EVANS	RR 1	PAW PAW WV 25434							
000	0	3	1	16430	150	0	10	15.5		25434	00000	00	.00	16250	0000	00	00	0	0	101309	472	12124	0	.00	1074	.0 0
0	0	0	510	0		0000		9	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	1074	51	00

BENEFIT RATES RR 16430 , 16250 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #2

WD 276443	CURRENT PAY	HAZEL M BURDICK	1 NAT BK	ACCT TOD 307	PO BX 351	LEBANON MO 65536					
000	0	3	1	20849	360	0	10	15.5	PR 65536	00000	00	.00	20551	0000	00	00	0	0	080000	472	12124	0	.00	0766	.0 0
0	0	1	510	0		0000		9	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

BENEFIT RATES RR 20849 , 20551 SU .00 .00 SS 00 00 TIERS ACT X Y Z @ #1

WD 276444	CURRENT PAY	NETTIE COX	BX 8139	CANTON OH 44711							
000	0	3	1	36985	150	0	80	.0	44711	00000	00	.00	36272	0000	00	00	0	0	100097	472	12124	0	.00	0766	.0 0
0	0	0	510	0		0000		8	0000	0	000000		00	00	00	00	.00	00	.00	00	000000		00	0766	F 51	00

RRB FORM NO. G-24 (10-55)

CLAIM NUMBER D-276439

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED RRba.

RELEASED TO Phila Pa.

OTHER ACTION:

2-82

5-785 (DATE)

Irene (EXAMINER)

276439

236-56-3752 974 0605 TERRY P SOMBRRRB RR
IOC-4 NO PE RUN-06/19/85 REQ-06 SEG-11 PC-2
REQ-06 PC-9

ACCOUNT PCOC-2 NCP-01 SP-F CIS-N LUM-06 LMM-05/80 RCC-2-78 FLI-M

PRIMARY E A EVANS DOB-10/13/09 LSPA-$ .CO

PIA HIS
10/74 $ 134.80 B FMAX-$ .00 ELY- IME-$ 00
01/75 $ 138.90 B FMAX-$ 208.40T ELY- IME-$ 00
06/75 $ 150.10 B FMAX-$ 225.20T ELY- IME-$ CC
06/76 $ 159.80 B FMAX-$ 239.70T ELY- IME-$ 00
06/77 $ 169.30 B K FMAX-$ 254.00T ELY- IME-$ 00
06/78 $ 180.40 B K FMAX-$ 270.60T ELY- IME-$ 00
06/79 $ 198.30 B K FMAX-$ 297.50T ELY- IME-$ 00
06/80 $ 226.70 B K FMAX-$ 340.10T ELY- IME-$ CC
06/81 $ 252.10 B K FMAX-$ 378.20T ELY- IME-$ 00
06/82 $ 270.70 B K FMAX-$ 406.10T ELY- IME-$ 00
12/83 $ 280.10 B K FMAX-$ 420.30T ELY- IME-$ 00
12/84 $ 289.90 B K FMAX-$ 435.00T ELY- IME-$ 00

PAYMENT PIC-A MPA-$289.00 NOB-01 DOC-316 SCC-5132C RD-05/09 LAP-X
MA-0 PSC-C CAD-08/23/74 JSC-51 MSC-C F/LLCA-2/3 RCC-P

PAYEE ELVA A EVANS

ADDRESS RR 1 PAW PAW WV 25434

BENEFIT BIC-A ELVA A EVANS SB-F DOB-10/13/09 DCEC-10/74 AEN-3 EHC
LAF-C MBP-$289.00 DRD-08/12/76 DOEI-10/74 DOF-07/74 STPI-4
ARFC-- TCC-1 LMETY-78

ENROLL HENC-U HOC-P HPAC-$0.00 SENC-U SOC-P SPAC-$0.00

ARDATA 3PYE-$ 00 2PYE-$ 00 1PYE-$2633 PRIEST-$ 00 CLREST-$0
IPNM-04W CYIC-75

DRC DRSC-E PIARA-$ .00

RAIL RLCN-C0027643946 RLSC-A RLCCN-U RLCC-I RUC-12/77

HISTORY

10/74	$ 18.80	$ 0.00	000	21		$ 18.80
11/74	$ 134.80	$ 0.00	000	01		$ 134.80
01/75	$ 138.90	$ 0.00	000	01		$ 138.90
06/75	$ 150.10	$ 0.00	000	C1		$ 150.10
06/76	$ 159.80	$ 0.00	000	01		$ 159.80
06/77	$ 169.30	$ 0.00	000	C1		$ 169.30
06/78	$ 180.40	$ 0.00	000	01		$ 180.40
06/79	$ 198.30	$ 0.00	000	01		$ 198.30
06/80	$ 226.70	$ 0.00	000	C1		$ 226.70
06/81	$ 252.10	$ 0.00	000	01		$ 252.10
06/82	$ 270.70	$ 0.00	700	C1	SR	$ 270.00
12/83	$ 280.10	$ 0.00	100	C1	SR	$ 280.00
12/84	$ 289.90	$ 0.00	900	01	SR	$ 289.00

RRB FORM G-363a (12-84)

PAYMENT SUMMARY
(BY TIERS)

EXAMINER: Spelener 10-8-85

COMPUTER:

CLAIM NUMBER: D-276439

SYM	TIER I - O/M										ACCRUAL	
	ACCRUED PAYMENTS					DEDUCTIONS						
	MO. RATE	FROM	TO	MOS.	AMOUNT	MO. RATE	FROM	TO	MOS.	AMOUNT	PERIOD	AMOUNT
											A. O/P THRU 11-83	132.10
	29.40	1-75	5-75	5	14700	33.50	1-75	5-75	5	167.50	B. THRU 11-84	
W	34.10	6-75	5-76	12	40920	38.60	6-75	5-76	12	46320	C. THRU 11-85	
	38.10	6-76	5-77	12	45720	42.90	6-76	5-77	12	51480	D. THRU 11-86	
											E. THRU 11-87	
											F. THRU 11-88	
	TIER II											
											A. THRU 11-83	
											B. 12-83 AND LATER	
	WINDFALL											
	16.46	1-75	8-81	80	131680	12.36	1-75	8-81	80	98880	A THRU 11-83	432.50 OK
	13.99	9-81	6-82	10	139.90	10.51	9-81	6-82	10	105.10		
	16.46	7-82	11-83	17	279.82	12.36	7-82	11-83	17	210.12	B. 12-83 AND LATER	OK
	16.46	12-83	9-85	22	362.12	12.36	12-83	9-85	22	271.92		90.20

REMARKS

Recomp 1-75
W/F increased

NET AMOUNT DUE	390.60

OK Tol

RRB FORM G-364.2 (11-81)

WORKSHEET — INSURANCE ANNUITY COMPUTATION

PREFIX	SSA	CLAIM NUMBER
D		2 7 6 4 3 9

23. IDENTIFYING INFORMATION	COLUMN A	COLUMN B	COLUMN C	COLUMN D
(A) EFFECTIVE DATE	6-83	7-82	6-82	9-81
(B) SYMBOL				
24. TIER I COMPUTATION				
(A) ORIG. OR RED. FOR MAX. RATE (FROM PIA IN 14 OR DEEMED PIA IN 16.)	384.90	384.90	384.90	358.40
(B) FIRST ADJUSTED RATE (FROM ITEM 16 (B) or (C) OR ITEM 17 (A) or (B).)	337.90	337.90	337.90	314.70
(C) ③ ☐ PUBLIC PENSION				
(D) RATE AFTER REDUCTION FOR PUBLIC PENSION				
(E) ② ☒ SS BENEFIT ⑨ ☐ SS CANCELLATION	270.00	270.00	270.00	252.10
(F) RATE AFTER REDUCTION FOR SS BENEFIT	67.90	67.90	67.90	62.60
(G) DOLLAR ROUNDED RATE	67.00	67.00	67.00	
(H) ☐ EE NET TIER I ① ☐ EE NET TIER I IS ZERO				
(I) NET TIER I AMT.				
25. TIER II COMPUTATION				
(A) TIER II 30% RATE OR SHARE OF EE'S TIER II	94.41	94.41	94.41	94.41
(B) TIER II COL RATE LATEST COL ____%	97.74	96.68	96.68	
(C) REDUCED FOR AGE RATE				
(D) W'S EE ANN RESTORED AMT. ① ☐ ZERO				
(E) ADDITIONAL AMT. ① ☐ SPOUSE MIN.				
② ☐ EQUALIZED AMT.				
(F) NET TIER II AMT				

	COLUMN A	COLUMN B	COLUMN C	COLUMN D
26. MONTHLY RAILROAD ANNUITY				
(A) NET TIER I				
(B) NET TIER II				
(C) TOTAL				
(D) DEDUCTIONS FOR: ① ☐ ACT. ADJ.				
② ☐ PART WITHHOLDING RECOVERY DATE				
③ ☐ WAIVER OF ANNUITY OVER $ ____				
(E) MONTHLY RAILROAD ANNUITY RATE				
27. WINDFALL COMPUTATION				
(A) WF $ WF AFTER CUTBACK LATEST CUTBACK ____%	16.46	16.46	13.99	13.99
(B) DEDUCTION FOR: ① ☐ ACT. ADJ.				
② ☐ PART WITHHOLDING RECOVERY DATE				
③ ☐ WAIVER OF ANNUITY OVER $ ____				
(C) MONTHLY WINDFALL ANNUITY RATE				
28. TOTAL MONTHLY ANNUITY				
TOTAL OF 26(E) + 27(C)	181.20	180.14	177.67 ~~177.67~~	171.00

29. REMARKS

9/18

EXAMINER	DATE	COMPUTER	DATE
Turner	10-8-85		

RRB FORM G-364.2 (11-81)

WORKSHEET — INSURANCE ANNUITY COMPUTATION

PREFIX	SSA	CLAIM NUMBER
D		2 7 6 4 3 9

23. IDENTIFYING INFORMATION	COLUMN A	COLUMN B	COLUMN C	COLUMN D
(A) EFFECTIVE DATE	6-81	6-80	6-79	6-78
(B) SYMBOL				
24. TIER I COMPUTATION				
(A) ORIG. OR RED. FOR MAX. RATE (FROM PIA IN 14 OR DEEMED PIA IN 16.)	358.40	322.30	281.90	256.50
(B) FIRST ADJUSTED RATE (FROM ITEM 16 (B) or (C) OR ITEM 17 (A) or (B).)	314.70	283.00	247.50	225.20
(C) ③ ☐ PUBLIC PENSION				
(D) RATE AFTER REDUCTION FOR PUBLIC PENSION				
(E) ② ☐ SS BENEFIT ⑧ ☐ SS CANCELLATION	252.10	226.70	198.30	180.40
(F) RATE AFTER REDUCTION FOR SS BENEFIT	62.60	56.30	49.20	44.80
(G) DOLLAR ROUNDED RATE				
(H) ☐ EE NET TIER I ① ☐ EE NET TIER I IS ZERO				
(I) NET TIER I AMT.				
25. TIER II COMPUTATION				
(A) TIER II 30% RATE OR SHARE OF EE'S TIER II	94.41	84.90	74.25	67.56
(B) TIER II COL RATE LATEST COL ____%				
(C) REDUCED FOR AGE RATE				
(D) W'S EE ANN RESTORED AMT. ① ☐ ZERO				
(E) ADDITIONAL AMT. ① ☐ SPOUSE MIN.				
② ☐ EQUALIZED AMT.				
(F) NET TIER II AMT				

	COLUMN A	COLUMN B	COLUMN C	COLUMN D
26. MONTHLY RAILROAD ANNUITY				
(A) NET TIER I				
(B) NET TIER II				
(C) TOTAL				
(D) DEDUCTIONS FOR: ① ☐ ACT. ADJ.				
② ☐ PART WITHHOLDING RECOVERY DATE				
③ ☐ WAIVER OF ANNUITY OVER $ ____				
(E) MONTHLY RAILROAD ANNUITY RATE				
27. WINDFALL COMPUTATION				
(A) WF $ WF AFTER CUTBACK LATEST CUTBACK ____%	16.46	16.46	16.46	16.46
(B) DEDUCTION FOR: ① ☐ ACT. ADJ.				
② ☐ PART WITHHOLDING RECOVERY DATE				
③ ☐ WAIVER OF ANNUITY OVER $ ____				
(C) MONTHLY WINDFALL ANNUITY RATE				
28. TOTAL MONTHLY ANNUITY				
TOTAL OF 26(E) + 27(C)	173.47	157.66	139.91	128.82

29. REMARKS

JK Tot

EXAMINER	DATE	COMPUTER	DATE
Spurmer	10-8-85		

RRB FORM G-364.2 (11-81)

WORKSHEET — INSURANCE ANNUITY COMPUTATION

PREFIX	SSA	CLAIM NUMBER
D		2 7 6 4 3 9

23. IDENTIFYING INFORMATION	COLUMN A	COLUMN B	COLUMN C	COLUMN D
(A) EFFECTIVE DATE	6-77	6-76	6-75	1-75
(B) SYMBOL				
24. TIER I COMPUTATION				
(A) ORIG. OR RED. FOR MAX. RATE (FROM PIA IN 14 OR DEEMED PIA IN 16.)	240.80	227.30	213.60	197.70
(B) FIRST ADJUSTED RATE (FROM ITEM 16 (B) or (C) OR ITEM 17 (A) or (B).)	211.40	197.90	184.20	168.30
(C) ③ ☐ PUBLIC PENSION				
(D) RATE AFTER REDUCTION FOR PUBLIC PENSION				
(E) ② ☒ SS BENEFIT ⑨ ☐ SS CANCELLATION	169.30	159.80	150.10	138.90
(F) RATE AFTER REDUCTION FOR SS BENEFIT	42.10	38.10	34.10	29.40
(G) DOLLAR ROUNDED RATE				
(H) ☐ EE NET TIER I ① ☐ EE NET TIER I IS ZERO				
(I) NET TIER I AMT.				
25. TIER II COMPUTATION				
(A) TIER II 30% RATE OR SHARE OF EE'S TIER II	63.42	59.37	55.26	50.49
(B) TIER II COL RATE LATEST COL ____%				
(C) REDUCED FOR AGE RATE				
(D) W'S EE ANN RESTORED AMT. ① ☐ ZERO				
(E) ADDITIONAL AMT. ① ☐ SPOUSE MIN.				
② ☐ EQUALIZED AMT.				
(F) NET TIER II AMT				

	COLUMN A	COLUMN B	COLUMN C	COLUMN D
26. MONTHLY RAILROAD ANNUITY				
(A) NET TIER I				29.40
(B) NET TIER II				50.49
(C) TOTAL				79.89
(D) DEDUCTIONS FOR: ① ☐ ACT. ADJ.				
② ☐ PART WITHHOLDING RECOVERY DATE				
③ ☐ WAIVER OF ANNUITY OVER $ ____				
(E) MONTHLY RAILROAD ANNUITY RATE				
27. WINDFALL COMPUTATION				
(A) WF $ WF AFTER CUTBACK LATEST CUTBACK ____%	16.46	16.46	16.46	16.46
(B) DEDUCTION FOR: ① ☐ ACT. ADJ.				
② ☐ PART WITHHOLDING RECOVERY DATE				
③ ☐ WAIVER OF ANNUITY OVER $ ____				
(C) MONTHLY WINDFALL ANNUITY RATE				
28. TOTAL MONTHLY ANNUITY				
TOTAL OF 26(E) + 27(C)	121.99	113.93	105.82	96.35

29. REMARKS 12-74 Rate = 96.35 ✓
Recomp 1-75 WIF increased. OK to

EXAMINER	DATE	COMPUTER	DATE
Spekner	10-8-85		

RRB FORM G-364.1 (12-84) 21 10 16 85 032

SURVIVOR DATA INPUT SYSTEM COMPUTATION SHEET

1. VOUCHER NO. | 2. PRI | 3. CLAIM NUMBER | 4. EXTRA RATE

5. BENEFICIARY IDENTIFICATION
a. PC | b. SYM | c. T / AGE ADJ. | d. DOB

6. EE'S SSA NUMBER

7. ACTION CODE
① ☐ INITIAL ② ☐ RATE CHANGE ③ ☐ CORRECTION

8. EE'S NAME

9. EE'S DOD | 10. EE'S DOB | 11. ADM FIN EFFECTIVE DATE

12. EE'S ABD | 13. MARITAL STATUS
MALE: ① ☐ MARRIED ② ☐ S.W.D. FEMALE: ③ ☐ MARRIED ④ ☐ S.W.D.

14. TYPE OF COMPUTATION
② ☐ 1974 ACT ③ ☐ 1981 AMENDS ① ☐ CONVERSION

15. YEAR OF ELIGIBILITY
① ☐ BEFORE 1979 ☐ ____

TIER I

PIA

16. REGULAR PIA CODES
① ☐ AIME ② ☐ 1977 O.S. ③ ☐ TRANS ④ ☐ AMW

17. AIME/AMW | 18. PIA 1 | 19. YRS OF COVERAGE | 20. SPEC MIN PIA

21. AGE REDUCTION: OBD AFTER 12-77 — RF 60-65 | RF OBD-60

22. ARF EFFECTIVE DATE ①☐

23. PREVIOUS AGE REDUCTION — RF 60-65 | RF OBD-60

FACT

24. AMW/AIME ① ☐ AMW ② ☐ AIME | 25. PIA 9 | 26. YRS / COV | 27. RIB RF | 28. ARF EFFECTIVE DATE ①☐ | 29. PRIOR RF

ALTA

30. ALT. YEAR OF ELIGIBILITY | 31. ALT. PIA | 32. ALT. AIME

ORIG

33. CURRENT | 34. EFFECTIVE DATE | 35. PRIOR | 36. EFFECTIVE DATE | 37. CODE ① ☐ ⅛ OF 1% ② ☐ ¼ OF 1%

DUAL

38. GROSS TIER I | 39. PL 94-547 ①☐ | 40. EE ANN CLAIM NUMBER A

41. AMC | 42. SERVICE MOS | 43. OBD TIER II | 44. EE'S WF | 45. TIER II MAX | 46. TIER II MIN | 47. SP MIN GUAR ①☐

48. AGE REDUCTION — RF 60-65 | RF OBD-60

49. ARF EFFECTIVE DATE ①☐

50. PREVIOUS AGE REDUCTION — RF 60-65 | RF OBD-60

TIER II

4(g) T/B

51. BASIS OF TAKEBACK
① ☐ EE ACTUAL T/B ② ☐ EE FICTIONAL T/B ③ ☐ NO TAKEBACK ④ ☐ SURVIVOR

52. TAKEBACK COMPUTATION
.05 x (11-83 NET TIER I) = TOTAL 4 (g) TAKEBACK

53. TIER I INCREASE FOR 4 (g) TAKEBACK
a. 12-83 NET TIER I ____ / 11-83 NET TIER I – ____ / 12-83 INCR. = ____
b. 12-84 NET TIER I ____ / 11-84 NET TIER I – ____ / 12-84 INCR. = ____

WF / RESTORED AMT

EE'S 6-1974 PIA | WIDOW(ER)'S 6-1974 PIA/OFFSET

54. AMW | 57. AMW | 60. NO OFFSET APPLIES ①☐ | 61. INC. YRS. | 1937 ACT RIR RATE

55. PIA | 58. PIA | 62. AMR | 63. RATE

56. YRS/COV | 59. DIFF BETWEEN PIA #21 AND PIA #4 | 64. RATE WITH COL

65. GROSS WF AMT. 16.46

66. WIDOW(ER)'S RIB/DIB DOE

67. WIDOW(ER)'S EE ANN ABD

68. TYPE OF WINDFALL
☐ 1976 WF
① ☐ 1976 WF EQUALS ZERO
② ☐ 1976 WF INCLUDES ADDITIONAL WF SP MIN
③ ☐ 1974 WF

COLUMN →	A	B	C
69. EFFECTIVE DATE	12 84	12 83	
70. ENDING DATE			
71. PIA USED [PIA CODE]	413.20	398.30	
72. DEEMED PIA [③ USED]	③☐	③☐	③☐
73. MAXIMUM [MAX CODE]			
74. STATUTORY SHARE OR SHARE OF MAX [① ZERO]	①☐ 413.20	①☐ 398.30	①☐
75. AGE REDUCED RATE	261.80	252.60	
76. TIER I AGE ADJUSTED RATE [DIB/RIB CODE]	DIB ①☐ RIB ②☐	DIB ①☐ RIB ①☐	DIB ①☐ RIB ①☐
77. ADJUSTED RATE [CODE]			
78. PUBLIC PENSION [① USED]	①☐	①☐	①☐
79. RATE AFTER PUBLIC PENSION			
80. SS BENEFIT [② USED ⑥ CANCELLED]	②☐ ⑥☐ 1,000.00	②☐ ⑥☐ 1,000.00	②☐ ⑥☐
81. RATE AFTER SS BENEFIT	22.80	22.80	
82. DOLLAR ROUND	23.00	23.00	
83. EE TIER I REDUCTION AMT. [① ZERO]	①☐	①☐	①☐
84. NET TIER I [ZERO TIER I CODE]	23.00	23.00	

85. REDUCED AGE CALCULATION: OBD BEFORE 1-79

NEW STAT SHARE OR SHARE OF MAX	CURRENT STAT SHARE OR SHARE OF MAX	CURRENT REDUCED AGE RATE	NEW REDUCED AGE RATE
$ ____ - $ ____	$ ____ x $ ____		= $ ____
$ ____ - $ ____	$ ____ x $ ____		= $ ____
$ 413.20 - $ 261.80	$ 151.40 x $ 261.80		= $ 39.64

86. PIA CODE FOR ITEM 71
5. FRZN MIN PIA 6. SPEC MIN PIA 7. ALT PIA

87. MAX CODES FOR ITEM 73
1. FMB 2. TABLE 3. SVCLS 4. SP MIN 5. REDET

88. ADJUSTED RATE CODE FOR ITEM 77
1. RIB LIMIT 2. 82½% OF PIA 3. SOLE SURVIVOR WIDOW(ER) 4. SOLE SURVIVOR OTHER

89. ZERO TIER I CODE FOR ITEM 84
1. ENTITLEMENT ENDED 2. FELONY SUSP. 3. ALIEN SUSP. 4. ____ 5. ____ 6. ____ 7. ____

110. REMARKS

COLUMN →	A	B	C
90. BASIS FOR 30% RATE	344.70	331.70	
91. 30% STARTING POINT	94.41	94.41	
92. SHARE OF EE'S TIER II [① MIN ② MAX]	①☐ ②☐	①☐ ②☐	①☐ ②☐
93. TIER II COL RATE THRU 6-83 [COL%]	94.41	94.41	
94. AGE REDUCED RATE			
95. 12-83 4 (g) TAKEBACK AMOUNT	3.00	3.00	
96. RATE AFTER 12-83 TAKEBACK [① $10.00]	① ☐ $10.00	① ☐ $10.00	① ☐ $10.00
97. TIER II COL RATE EFF 12-84	94.41		
98. 12-84 4 (g) TAKEBACK AMOUNT	4.00		
99. RATE AFTER 12-84 TAKEBACK [① $10.00]	① ☐ $10.00	① ☐ $10.00	① ☐ $10.00
100. TIER II COL INCREASE AMT. AFTER 12-84 (A) ____ X ITEM (B) ____ = M (C) ____			
101. TIER II COL INCREASED RATE			
102. EE RESTORED AMOUNT [① ZERO]	①☐	①☐	①☐
103. SP MIN GUAR ADDITIONAL AMT. [① USED]	①☐	①☐	①☐
104. EQUALIZED AMOUNT [② USED]	②☐	②☐	②☐
105. NET TIER II	348.00	335.00	
106. WINDFALL AFTER CUTBACK [%]	1.44	1.49	
107. ANNUITY RATE	439.00	426.00	
108. TOTAL DEDUCTIONS BEFORE SMIB			
109. NET ANNUITY BEFORE SMIB	439.00	426.00	

111. EXAMINER ____ DATE ____

112. COMPUTER ____ DATE ____

113. AUTHORIZER ____ DATE 11-7-85

RRB FORM G-364 (1ª 84) 20

SURVIVOR DATA INPUT SYSTEM PAYMENT SHEET/BENEFICIARY DATA

10 16 85 032

1. VOUCHER NO.
2. G-364.1 ATT. ① ☑ YES ② ☐ NO
3. NUMBER OF G-364s THIS G-364 1 OF 1

4. CERT CODE
0. FINAL 1. RECERT 2. REINSTATE 3. REINST/RECERT 4. PART RECERT CODE 5. MISC RECERT CODE 6. OPO GENERAL 7. OPO INITIAL 8. CONSTRUCTIVE 9. OPO RECERT

5. CHK SYM W/D 6. PRE 7. CLAIM NUMBER 2 7 6 4 9 9

8. EE'S SSA NUMBER 2 3 6 2 7 5 0 7 6

9. PAYEE CD 1
10. CERT CD 1
11. TYPE OF PAYMENT ① ☐ SF 1166 ② ☐ LEGAL PROCESS ③ ☐ TRANSFER OF FUNDS ONLY

12. BEN SYM W
13. DOB 12 13 09
14. ADM FIN EFF DATE ADM FIN ① ☐
15. FAMILY
16. TWIN

17. BENEFICIARY'S NAME LINDA A EVANS
18. GRANDCHILD ① ☐
19. MDC ① ☐

20. SSA NUMBER-OWN 2 9 6 5 6 3 7 5 2
21. RECEIPT CODE ① ☑ YES ② ☐ NO
22. RATE EFF DATE-CERT 2.5

23. SSA NUMBER-OTHER
24. SUFFIX A
25. SS PIA 289.90
26. EFF DATE 12 84

27. APPLICATION 10 84
28. FILING DATE
29. OSD 10 69
30. TIER I BEG DATE
31. TOLERANCE ① ☐ APPLIES

32. SUSP/TERM
33. SUSP/TERM EFF
34. PART WITH
35. PART WITH EFF
36. RECOVERY

37. ACT ADJ
38. ACT ADJ EFF
39. WAIVER
40. WAIVER EFF
41. LEGAL PROCESS

42. REP PAYEE CODE
① ☐ COURT APPOINTED
② ☐ PAYEE NEITHER COURT APPOINTED NOR PARENT FOR CHILD
③ ☐ PARENT FOR CHILD

43. EARMARKS
④ ☑ ALL COL'S CONSIDERED
⑤ ☐ _____

44. PAYEE'S SSN-ANNUITY DUE BUT UNPAID AT DEATH
45. RESERVED
46. RESERVED

47. NAME AND ADDRESS
1
2
3
4
5
6

48. WORK DEDUCTIONS ① ☐ TWD ② ☐ PWD ③ ☐ BOTH

49. ACCRUAL DUE AFTER OVERPAYMENT RECOVERED
☐ REINSTATE OR REINST-RECERT AFTER FULL W/H
☐ RECERT AFTER PART W/H
$

TIER SUMMARY: ACCRUED PAYMENTS

	AMOUNT	FROM	THRU	NO. MOS.	AMOUNT
50. TIER I					See 52 a
51. TIER II					
52. WF					

DEDUCTIONS

AMOUNT	FROM	THRU	NO. MOS.	AMOUNT
				1852

PERIOD	AMOUNT
A. THRU ① ☐ ACC 11-83 ② ☑ OP	$ 128.00
B. THRU ① ☐ ACC 11-84 ② ☐ OP	$
C. THRU ① ☐ ACC 11-85 ② ☐ OP	$
D. THRU ① ☐ ACC 11-86 ② ☐ OP	$
E. THRU ① ☐ ACC 11-87 ② ☐ OP	$
F. THRU ① ☐ ACC 11-88 ② ☐ OP	$
51. A. THRU ① ☐ ACC 11-83 ② ☐ OP	$
B. 12-83 AND LATER ① ☐ ACC ② ☐ OP	$
52. WF A. THRU ① ☑ ACC 11-83 ② ☐ OP	$ 432.60
B. 12-83 AND LATER ① ☑ ACC ② ☐ OP	$ 90.20
53. TIER SUMMARY TOTAL ① ☐ ACC ② ☐ OP	$ 390.60

ADDITIONAL AMOUNTS

54. SS AMOUNT	$
55. OTHER BENEFY AMT	$
56. NON-TAXABLE AMT	$
57. ACT ADJ REFUND	$

DEDUCTION AMOUNTS

58. DIP-OTHER CLAIM NO. (A) ① ☐ NOT AMIS A/R (B) ② ☐ LAST CHECK	$
59. TAXABLE RECOVERY-THIS CLAIM NO. ① ☐ NOT AMIS A/R	$
60. NON-TAXABLE RECOVERY-THIS CLAIM NO. ① ☐ NOT AMIS A/R	$
61. RLS	$
62. (A) ④ ☐ RUIA ⑤ ☐ SUPP (B) ① ☐ LAST CHECK	$

RECOVERIES

63. OTHER RECOVERY CLAIM NO. PRE CLAIM NO PC
64. SS RECOVERY CLAIM NO. CLAIM NO SUFFIX
65. SSA (A) ② ☐ DI ③ ☐ OASI (B) ① ☐ LAST CHECK $

66. PART WITH	$		$	67. ☐ ACT ADJ	$		$
68. ☐ LEGAL PROCESS	$		$	69. ☐ WAIVER	$		$
70. SMI CD 1	71. SMI EFF DATE 12 84	72. SMI PREVIOUSLY TRANSFERRED	$	73. SMI PREMIUM	$		$

74. REMARKS
K.L. 119

75.
76.
77.
78.
79.
80.
81.
82. T2C $

83. NET AMOUNT DUE	$ 390.60
84. LAST MO. PAYMENT RATE	$ 11.40
85. ANNUITY RATE	$
86. DEDUCTIONS	$
87. MO RATE	$ 158.90
88. SMIB PREMIUM	$ 5.70
89. MO RATE AFTER SMIB	$ 148.60
90. NET AMT PAID	$ 390.60
91. BALANCE CONTROL	$ 288.80

92. EXAMINER	DATE	93. COMPUTER	DATE	94. AUTHORIZER	DATE	95. CODE CLERK/VOUCHER CLERK	DATE	96. EXAM NO.	97. AUTH NO.
	10/15			T. Sullivan	10-22			515	503

Railroad Retirement Notice

UNITED STATES RAILROAD RETIREMENT BOARD
844 Rush St., Chicago, Illinois 60611

DATE: NOV 1 1 1985

BUREAU OF RETIREMENT CLAIMS

Elva A. Evans
R.R. 1
Paw Paw, WV 25434

RRB CLAIM NUMBER

D 276439

ALWAYS USE THESE LETTERS AND NUMBERS WHEN WRITING US

Theodore Evans

Monthly annuity payments have been adjusted, for the following reason(s):

A recomputation in the windfall portion of your annuity has resulted in an increase. You will receive a special payment for the amount due through last month.

Your annuity consists of separate components. "Tier 1" is computed under the social security formula. "Tier 2" is computed under the railroad retirement formula. The "Windfall" dual benefit is paid to widow(er)s who were insured for a social security benefit before 1975 and met certain other requirements. If a "Reduced Windfall" is shown, it is the amount of the windfall after applying a 15% cutback. (This cutback applies only to a windfall amount due before July 1, 1982.) The amount due after reduction for age or other benefits, if any, (for example, social security benefits), is shown below. Benefits will now be paid as follows:

Name	Effective Date	Tier 1	Tier 2	Windfall	Reduced Windfall	Total New Rate	Total Old Rate
Elva	10-01-85	$ 72.00	$ 95.44	$ 16.46	$	$ 183.90	$ 179.80

If you have not received the payment for the amount due through the end of last month, you should receive it within the next two weeks.

The premium payments for medical insurance are being deducted from the monthly payments. We will continue making these deductions each month. The total rate shown in this letter is the rate before the premium deduction.

The rates shown in this notice are before deduction for Federal income taxes. If Federal income taxes have been withheld from this payment, you will receive a separate explanation.

Railroad Retirement Notice

UNITED STATES RAILROAD RETIREMENT BOARD
844 Rush St., Chicago, Illinois 60611

DATE:

BUREAU OF RETIREMENT CLAIMS

Elva A. Evans

RRB CLAIM NUMBER

D 276439

ALWAYS USE THESE LETTERS AND NUMBERS WHEN WRITING US

If you are enrolled in the Direct Deposit Program, your next regular check will be sent to your checking or savings account, as usual. If you are not enrolled in this program, your checks will continue to be delivered to you at this address.

If you believe this decision is not correct, you may request that the decision be reconsidered. If you wish this reconsideration, you must request it in writing and your request must be received by the Board within 60 days from the date of this notice. You may file your request at any district office of the Board. If you have any additional evidence to be considered, please include it with your request.

If you disagree with the reconsideration decision, you may then appeal to the Bureau of Hearings and Appeals within 60 days from the date of the reconsideration decision.

If you do not request a reconsideration within 60 days from the date of this notice you may not file an appeal at a later date.

If you have any questions about this notice or if you wish additional information, contact the nearest district office of the Board. If you call in person, bring this notice and any other information you may have about your claim with you.

cc: District Office
Altoona, PA

Robert S. Kaufman
Associate Executive Director
For Retirement Claims

RRB FORM G-358A (1-86)

NOTICE OF ANNUITY ADJUSTMENT

12-85 COST-OF-LIVING MASS ADJUSTMENT

SEQ. NO. 161,583

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) TIER I PIA / (E) GROSS TIER I	CODE	(F) DRC	(G) AGE RED / 80 SSA OFFSET	CODE	(I) NET TIER I / (J) PREV TIER I	CODE	TIER II (K) COMP 1 / (L) COMP 2	CODE	(M) COMP 3 / (N) AGE RED	(O) NET TIER II / (P) PREV TIER II	WF (Q) NET WINDFALL / (R) AGE RED	(S) / (T) TAX W/H	SS DATA (U) SSA PIA / (V) SSA AMOUNT	(W) SFX / (X) PD	(Y) OLD RATE BEFORE SMI / (Z) NEW RATE BEFORE SMI	(a) NEW RATE AFTER SMI / (b) ADJ CK AMOUNT	CODE	(c) SUPP ANN / (d) REJ/REV
12/85 COL-TAX W/H ADJ	WD 276439	1	W	424.90 424.90			372.90 298.00	A	74.00 72.00					95.44 95.44	16.46	 000.00	298.80 298.00	A C	183.90 185.90	170.40 170.40		

RRB FORM G-358A (1-86)

NOTICE OF ANNUITY ADJUSTMENT

03-86 WINDFALL CUTBACK MASS ADJUSTMENT

SEQ. NO. 44,040

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) TIER I PIA / (E) GROSS TIER I	CODE	(F) DRC	(G) AGE RED / 80 SSA OFFSET	CODE	(I) NET TIER I / (J) PREV TIER I	CODE	TIER II (K) COMP 1 / (L) COMP 2	CODE	(M) COMP 3 / (N) AGE RED	(O) NET TIER II / (P) PREV TIER II	WF (Q) NET WINDFALL / (R) AGE RED	(S) / (T) TAX W/H	SS DATA (U) SSA PIA / (V) SSA AMOUNT	(W) SFX / (X) PD	(Y) OLD RATE BEFORE SMI / (Z) NEW RATE BEFORE SMI	(a) NEW RATE AFTER SMI / (b) ADJ CK AMOUNT	CODE	(c) SUPP ANN / (d) REJ/REV
03-86 WINDFALL CUTBACK ADJ	WD 276439	1	W												15.19	1.27 000.00			185.90 184.63	169.13 169.13		

RRB FORM G-358A (1-86)

7/86 AERO AND 9/86 AERO/WF ADJUSTMENTS

NOTICE OF ANNUITY ADJUSTMENT

SEQ NO. 41,357

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) TIER I PIA / (E) GROSS TIER I	CODE	(F) DRC	(G) AGE RED / (H) SSA OFFSET	CODE	(I) NET TIER I / (J) PREV TIER I	CODE	TIER II (K) COMP 1 / (L) COMP 2	CODE	(M) COMP 3 / (N) AGE RED	(O) NET TIER II / (P) PREV TIER II	WF (Q) NET WINDFALL / (R) AGE RED	(S) / (T) TAX W/H	SS DATA (U) SSA PIA / (V) SSA AMOUNT	(W) SFX / (X) PD	(Y) OLD RATE BEFORE SMI / (Z) NEW RATE BEFORE SMI	(a) NEW RATE AFTER SMI / (b) ADJ CK AMOUNT	CODE	(c) SUPP ANN / (d) REJ/REV
9/86 AERO/WF	WD 276439	1	W												16.46				184.63	170.40		
																000.00			185.90	170.40		

RRB FORM G-358A (1-86)

NOTICE OF ANNUITY ADJUSTMENT

12-87 COL-TAX WH/03-88 VDB CBK MASS ADJ

SEQ NO. 130,999

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) TIER I PIA / (E) GROSS TIER I	CODE	(F) DRC	(G) AGE RED / (H) SSA OFFSET	CODE	(I) NET TIER I / (J) PREV TIER I	CODE	TIER II (K) COMP 1 / (L) COMP 2	CODE	(M) COMP 3 / (N) AGE RED	(O) NET TIER II / (P) PREV TIER II	WF (Q) NET WINDFALL / (R) AGE RED	(S) / (T) TAX W/H	SS DATA (U) SSA PIA / (V) SSA AMOUNT	(W) SFX / (X) PD	(Y) OLD RATE BEFORE SMI / (Z) NEW RATE BEFORE SMI	(a) NEW RATE AFTER SMI / (b) ADJ CK AMOUNT	CODE	(c) SUPP ANN / (d) REJ/REV
12/87 COL-TAX W/H ADJ	WD 276439	1	W	448.40			393.40	A	78.00		97.16	E		97.16	16.46	13.00	315.30	A	187.28	166.82		
				448.40			315.00		75.00					95.82		000.00	315.00	C	191.62	166.82		
3/88 VDB CUTBACK	WD 276439	1	W												15.59	.87			191.62	165.95		
																000.00			190.75	165.95		

RRB FORM G-358A (1-86)

NOTICE OF ANNUITY ADJUSTMENT

12-86 TIER I & II COL MASS,ADJUSTMENT

SEQ NO. 146,005

ADJUSTMENT TITLE	(A) CLAIM NUMBER	(B) PC	(C) SYM	TIER I (D) TIER I PIA / (E) GROSS TIER I	CODE	(F) DRC	(G) AGE RED / (H) SSA OFFSET	CODE	(I) NET TIER I / (J) PREV TIER I	CODE	TIER II (K) COMP 1 / (L) COMP 2	CODE	(M) COMP 3 / (N) AGE RED	(O) NET TIER II / (P) PREV TIER II	WF (Q) NET WINDFALL / (R) AGE RED	(S) / (T) TAX W/H	SS DATA (U) SSA PIA / (V) SSA AMOUNT	(W) SFX / (X) PD	(Y) OLD RATE BEFORE SMI / (Z) NEW RATE BEFORE SMI	(a) NEW RATE AFTER SMI / (b) ADJ CK AMOUNT	CODE	(c) SUPP ANN / (d) REJ/REV
12/86 COL-TAX W/H ADJ	WD 276439	1	W	430.40			377.70	A	75.00		95.82	E		95.82	16.46	23.00	302.60	A	185.90	169.38		
				430.40			302.00		74.00					95.44		000.00	302.00	C	187.28	169.38		

RRB FORM G-358A (1-89) 12/88 COL-TAX W/H MASS ADJ

NOTICE OF ADJUSTMENT SEG NO. 11,773

(1) CLAIM NUMBER / PC SYM / ADJUSTMENT TITLE	TIER I						TIER II						VDB	SS BEN	TAX		RECUR RATE			
	(2) TIER 1 PIA	CODE	(6) DRC	(8) PSP	(12) NET TIER 1	CODE	(16) COMP 1	CODE	(20) COMP 2	(24) COMP 3	(28) NET TIER 2		(32) NET VDB	(36) SSA PIA	(40) RECUR REGTAX		(44) OLD RATE BEFORE SMI	(48) SMIB PREM	CODE	(52) RJ/RV
	(3) GROSS TIER 1	CODE	(7) %	(9) SSA OFFSET	(13) PREV TIER 1		(17) SURV EQL AMT		(21) SURV RST AMT	(25) SP MIN GUAR	(29) PREV TIER 2		(33) AGE RED	(37) SSA AMOUNT	(41) RECUR SUPP TAX		(45) NEW RATE BEFORE SMI	(49) SMIB CODE		
	(4) AGE RED	CODE		(10) DUAL OFFSET	(14) WC/PDB		(18) LAG BAS ANN		(22) AGE RED	(26) AMC W/LAG	(30) SM W/LAG		(34) C/B	(38)	(42) SSEB PIA	CODE	(46) NEWRATE AFTER SMI	(50) OTHER DED	CODE	
	(5) INCR 1	CODE		(11) INCR 2	(15) TOTAL ACCRUAL		(19) INCR 1	CODE	(23) INCR 2	(27)	(31) TOTAL ACCRUAL		(35)	(39)	(43) ACCRL TAX		(47) CHECK RR/SS/SUPP	(51) SUPP BEFORE TAX		
WD 276439	466.30	W			82.00		98.42	E			98.42		16.46	327.90	000.00		191.62	31.90		
PC 1 SYM W	466.30			327.00	78.00						97.16			327.00	000.00		196.88	SN		
12/88 COL-TAX	409.10	A												BIC A			164.98			
W/H ADJ														LAF C			164.98			

RRB FORM G-662 (6-79)

TICKLER CODE SHEET

CLAIM NUMBER: PREF D | SSA | CLAIM NUMBER 2 7 4 3

REASON FOR CALL-UP CODES

UNIT CODE

01 - RM
03 - SM
04 - CCR
05 - OPR
06 - HB
07 - DB
08 - QIG
09 - CSU
10 - MDEV
13 - BCS
40 - *
90 - *

01 - Err. Payments
02 - Err. Pay. Tracer
03 - Reins. Paymts.
04 - O/S Ck. Not Due
05 - Foreign Student Policing
06 - RR-1e O/S
07 - Suspend Paymts.
09 - Sec. 2(e)4 Refund
10 - Employee ARF
11 - Invest. Emp. & Earnings
13 - Trace G-432

14 - Proof of Age
15 - G-175a/176a/181a
16 - SF-1184 Tracer
17 - Date of Death
20 - DQRRB Elig. for Medicare
21 - Cont. of Disab.
30 - Widow ARF
33 - Return to work
52 - Deferred LSDP
53 - RLS Payable

*EARNINGS REPORT CODE
40 — "N" Code Case — Release Annual Policing Fm
90 — "9" Code Case — Release Policing Form Jan

REOPENING DATA

Reopened Under B.O. _____

Date _____

Signature _____

REASON CODE	UNIT CODE	CALL-UP DATE	EXAM.		DATE COMPLETED	EXAM.
04	10	11-15-89	SMC			
17	10	11-29-89	SMC			

PPPPP A M M
P P A A M M M M
PPPPP A A M M M
P A A A M M
P A A M M

MECHANICAL OUTPUT REFERRAL 08/30/89

MANUAL PROCESSING REQUIRED **** TYPE OF ACTIVITY INFORMATION ****

SSA CERTIFICATION - MBR DATA NAME ELVA A EVANS SEX F

RR CLM NO	236-22-5076	ACCRL DT	08/89	NEW MBP	$ 327.00	RPC	COA NO ZIPCD 25434
RR CLM NO	D276439	DOEC	10/74	ACCR AMT			
SSA CLM NO	236-56-3752A	DOEI	10/74	IMPACC CD			NAME AND ADDRESS
BEN SS NO	236-56-3752	DOST	08/89	DIS ONS DT			
		OLD MBP	$ 327.00	DIS ENT DT			ELVA A EVANS
SSA RUN DATE	08/09/89			DOD	08/06/89		RR 1
DOB	10/13/09						PAW PAW WV
BENEFIT CODE	OASI						25434
RECOMP IND							

			NEW HISTORY DATA						OLD HISTORY DATA				
			EFF DT	MBC	RFD	WIC	BPD	EHC	EFF-DT	MBC	RFD	WIC	BPD	EHC
NLAF	T1	PCOC MID-ATL												
OLAF	C	PRC	06/80	$ 226.70			PD		06/79	$ 198.30			PD	
CCI		MIL	06/81	$ 252.10			PD		06/80	$ 226.70			PD	
SJI		DRIM	06/82	$ 270.00			PD		06/81	$ 252.10			PD	
SSC	M	MOE-IND	12/83	$ 280.00			PD		06/82	$ 270.00			PD	
			12/84	$ 289.00			PD		12/83	$ 280.00			PD	
PIA DATA			12/85	$ 298.00			PD		12/84	$ 289.00			PD	
			12/86	$ 302.00			PD		12/85	$ 298.00			PD	
PIA EFF	12/88		12/87	$ 315.00			PD		12/86	$ 302.00			PD	
PIA CD	B		12/88	$ 327.00			PD		12/87	$ 315.00			PD	
PIA AMT	327.90		08/89	$ 327.00	T	1	NOT PD		12/88	$ 327.00			PD	

DPA DATA

DPA DOB	04/04
CODE NAME	TEVAN
YR LST WKD	53
YR DEATH	53
SERV MO 37-46	55
TOT SERV MO	136
GF-HI IND	NO GF
RR EMPLOYEE TR	EVANS

SSA EARNINGS DATA CURRENT YEAR 87

	AMT	NON WORK MO
CURR YR (EST)		9999
1ST PRIOR YR		9999
2ND PRIOR YR		

ORIG CLM NO	000276439
ORIG BEN SUF	WD

HI/SMI DATA

HENC	U	SENC	U
DOEH		DOES	
DOTH1		DOFS	
PHOC		SPAC	
FDOEH		PDA	
DOTH2		DOTS1	
PSOC		TPCS	
FDOES		TEDS	
DOTS2		TTDA	
CHOC	P CSOC P	CSPP %	

T EFF DT ?

MESSAGES

CANNOT DETERMINE IF CHICO MATCHES PARCEL
ALERT - MANUAL HI CLEARANCE REQ

MONTHLY CK RATE CLAIM NUMBER WD 276439 NAME AND ADDRESS
QUICK INQUIRY TO CHICO BENEFIT STATUS CURRENT PREVIOUS ELVA A EVANS
REG RR SSA RR 1
KEYED IN EVERYDAY IN FORCE $ 164.98 $ 166.82 EMPLOYEE SSA# 236-22-5076 PAW PAW WV 25434 \
PAYEE CODE 1
TERM TERM CURRENT AWARD HIB SMIB SMIB DEDUCTION SMIB ELVA A
SUSP SUSP RR SS EFF EFF RR SS AMT SRCE ACCT TRUST BENEFICIARY NAME EVANS
RR SS CD CD RR DATE FUND FAM CODE 00 TWIN CODE 0
1074 1074 1 31.90 SSEB 1288 OASI DIRECT DEPOSIT DATA
BK RT # CK ACCOUNT NUMBER TYP PROC DATE MA
TEST $

VOUCH VOUCH
NET BENEFIT - CURRENT NET BENEFIT - PREVIOUS LAST ACCRUAL CHECK ACCTG DATE NUM NUM IW
RR SS SUP RR SS SUP RR SS SUP RR SS RR SS
$ 164.98 $ $ $ 166.82 $ $ $ $ $ 121388 0472

BENEFICIARY INFORMATION CMBND CHG TAX DUE LINE REP
TYP DOB-RR DOB-SS SEX SSA NUMBER SSA CLM NUM-SUF DIS DT-RR DIS DT-SS MAIL ADRS RFND PRCSS CT PAYEE

51 10-13-09 0 236-56-3752 236-56-3752-10 3

ADDITIONAL RR ANNUITY DATA ADDITIONAL SS BENEFIT DATA

TERM ACT REIN APP SMIB POL RR EARMKS SPEC EDP * PART FUND HI SSA PART FULL SSA * COA BATCH
EFF DT ADJ DATE FILE DT IPD RFND 1 2 3 4 HNDLG AWD * RT DT IND SMI DOE RATE MBA SMIB * TYP NUM
* STS *
$ 5 1 1 1 * 00-00 OASI 0 $ *
* *
TERM CC C/B BA SUP PENSION SSA PART RR AWD * PIA TERM TERM SS EARMKS SS AWD * ACCT
TYP IND NUMBER RED EFF DT ENTITLMNT AWD TYP * EFF DT TYP 1 2 TYP * DATE
* *
0 $ RR ADJ RR RCT * $ 0 0 0 *

TAXES WHRRACC $ .00 WHSUPACC $ .00 WHPREVRECURRR $ .00 WHPREVRECURSUP $ .00 WHRECURRR $ .00 WHRECURSUP $ .00

CANCLD REG ANN TOT REG REG ACCRL TOT REG SUP ANN TOT SUP SUP ACCRL TOT SUP SSA ANN SSA CKS SSA ACCRL TOT MON
CK DT UNDEL TOT ANNUITY UNDEL TOT ACCRL CKS UNDEL TOT CKS RTD UNDEL TOT ACC RTD UNDEL RTD UNDEL TOT IPD
CK RTD RTD
$ $ $ $ $ $ $

TOT SSA STFR GEO STOP DIR DEP MED CAT CODE ACCT DT PREV DEDUCT DATA
ACCRL CKS IND IND CMBND MAIL CAT SN000 1188
RTD AMT(1) SOURCE(1)
150 $ 24.80 RR SSEB
RAILROAD RETIREMENT BENEFICIARY CODE TRANSLATION
51 WIDOW OR WIDOWER (W) ACCT DT(1) STOP DT(1)
1188

000276439064102365637520000000000000000000000000101309190000000512362250762365637521000000001 0
0000000000000000000000 01 01074107400000000000 000000000000000000 0000000000
00000000 00000 000000000000000000000000000000000000000 0000000000001000000000
0000011111000000000000000000000000000000000000051115700515157000151515200511220 00000
000000000000000000000000 000{000000{0000000000121388047 2 00000000000000000000000000000000000
3ELVA A EVANS |RR 1 PAW PAW WV 25434 \
00150000ELVA AEVANS 254341100000 000000000000000000000000
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000000000000000000000000000SN a a 3 a 00 05151006100011511151111111113MO
203 00000000000000000000000000000000000000000000000000000000000000
000000000000000002200000000000000000 0000000000000000000000025600027643942441229900000

AMT(2) SOURCE(2)

ACCT DT(2) STOP DT(2)

REQUESTING
INQUIRY DT UNIT AND PERSON
09/01/89 PAM 083089000000
083089

09-15-89

NOTICE OF CANCELLED CHECK

DATE PROCESSED 09-15-89

CLAIM NUMBER	PC	CHECK NUMBER
WD 276439	1	42916036

		PAYEE NAME-ADDRESS	AMOUNT
ISSUE DATE	09-89	ELVA A EVANS RR 1 PAW PAW WV 25434	$ 164.98

CAUSE CODE	41	MONTHLY			
EFF DATE	00-00				
			RR	SUPP	SS
BATCH	312	REG	164.98		
ACTG DT	09159	ACCRUAL			

LAST COA			RR		SS	
BATCH	DATE	TYP	STAT	CSE	STAT	CSE
000	000000	0	TERM	41 N	APPL	00

RL-76
(9-64)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

OCT 14 1989

BUREAU OF RETIREMENT CLAIMS

Family & Friends of
Olva A. Evans decd.
RR1
Paw Paw, NV 25434

In reply refer to
RRB Claim No.
WD 276439

We were recently notified of the event checked below:

☑ The death of Olva A. Evans

☐ The marriage of _____

☐ _____

However, the date that this event occurred was not given. Please enter the date in the space provided below and return this letter to us.

An envelope which requires no postage is enclosed for your convenience in replying. Thank you.

Robert S. Kaufman
Director of Retirement Claims

Enclosure
Envelope

X _____
(ENTER THE INFORMATION REQUESTED)

RL-76
(9-64)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

OCT 14 1989

BUREAU OF RETIREMENT CLAIMS

Family & Friends of
Elva A. Evans decd.
RR1
Paw Paw, NV 25434

In reply refer to
RRB Claim No.
WD 276439

We were recently notified of the event checked below:

☑ The death of Elva A. Evans

☐ The marriage of _____

☐ _____

However, the date that this event occurred was not given. Please enter the date in the space provided below and return this letter to us.

An envelope which requires no postage is enclosed for your convenience in replying. Thank you.

Robert S. Kaufman
Director of Retirement Claims

Enclosure
Envelope

X Aug 6 1989
(ENTER THE INFORMATION REQUESTED)

UNITED STATES
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300
RETURN AFTER FIVE DAYS

MARTINSBURG WV
OCT 31 PM 1989

POSTAGE AND FEES PAID
U.S. RAILROAD RETIREMENT BOARD
RRB-648

U.S. RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

```
 CLAIM NO      P/C    RR        SS
 WD 276439       1    TERM     N APPL      NAME / ADDRESS           C/M     DOB      SEX
PSEUDO NO                                ELVA A EVANS               NO   10-13-09  UNK
      CURRENT RATE INFORMATION           RR 1
 CHECK          RR       SUP       SS    PAW PAW WV 25434           REP PAY   EARMARKS
           164.98                                                               5 1 1
            SMIB INFORMATION                  GEO CODE              FAMCD      TWCD
          CODE     DISA      HIB    SMIB  LAST COA
 RATE   RR SS      CODE      DATE   DATE        DIRECT DEPOSIT INFORMATION   EE SSN: 236-22-5076
 31.90   1         AGE       10-74  10-74   DATE        ROUTE NO        ACCOUNT TYPE/NO
 TABLE RATE:       31.90
            PREVIOUS ACTIONS
        ACCRUAL    OLD RATE  NEW RATE   VOU   ACC DATE   TYPE     TERM/SUSP INFORMATION
 RR
 SS                  166.82    164.98   312   09-15-89   T/S        CAUSE    EFF DT
 SUP                                                                  41
 TAXES W/H> RR ACC
  SSA CLAIM NO               SUP ACC          <> RECUR RR         RR PRE TAX      164.98
                     BEN SSN       SS ENT    SUP EF DT   SUP RED    RECUR SUP           <
                   236-56-3752       YES                         BA NO   CB       DATE
>------------------------->ENTER NAME finnXXXXXX AND UNIT XXXX <-------------------------<
 ENTER PREFIX  D   RRB # (9 DIGITS)  000276439                        0       09-22-89
 MENU [illegible]
```

R538
10/12

*** TICKLER NOTICE *** RUN-DATE 12-01-89

CLAIM NUMBER	TICKLER DATE	SECTION-UNIT
D 276439	11-29-89	MDEVOC

REASON
DATE OF DEATH

TI MENT
ERVICE
939)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REQUIRED UNDER CHAPTER 9, SUBCHAPTER A, OF THE INTERNAL REVENUE CODE
(FORMERLY TITLE VIII, SOCIAL SECURITY ACT)

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

"EACH ITEM SHOULD BE FILLED IN. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN" 236-22-5076

PLEASE PRINT WITH INK OR USE TYPEWRITER

1. Theodore. Roosevelt EVANS
WORKER'S FIRST NAME — MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME, DRAW A LINE———) — LAST NAME
(MARRIED WOMAN—FOR MIDDLE NAME, GIVE LAST NAME BEFORE MARRIAGE; FOR LAST NAME, GIVE HUSBAND'S LAST NAME)

2. FULL NAME UNDER WHICH YOU WORK, IF DIFFERENT FROM NAME SHOWN IN ITEM 1 Theodore R EVANS

3. PAW PAW West VA — WORKER'S PRESENT HOME ADDRESS (STREET AND NUMBER) (CITY) (STATE)

4. ELVA. Adeline Sunderlin — MARRIED MAN—GIVE WIFE'S FULL NAME BEFORE MARRIAGE

5. Potomac Eng & Const Co. — BUSINESS NAME OF PRESENT EMPLOYER

6. Cumberland Md — BUSINESS ADDRESS OF PRESENT EMPLOYER (STREET AND NUMBER) (CITY) (STATE)

7. 36 — AGE AT LAST BIRTHDAY

8. April 06 1904 — DATE OF BIRTH (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION)

9. Woodland Allegany Md — PLACE OF BIRTH (CITY) (COUNTY) (STATE)

10. Homer Evans — FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD

11. Minnie Dinsmore — MOTHER'S FULL NAME BEFORE MARRIAGE, REGARDLESS OF WHETHER LIVING OR DEAD

12. SEX: MALE ✓ FEMALE ____ (CHECK (✓) WHICH)

13. COLOR OR RACE: WHITE ✓ NEGRO ____ (CHECK (✓) WHICH) OTHER ____ (SPECIFY)

14. HAVE YOU FILLED OUT A CARD LIKE THIS BEFORE? YES ____ NO ✓
(CHECK (✓) WHICH AND IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASONS FOR FILING AGAIN)

15. Nov 19 1940 — DATE SIGNED

16. Theodore Roosevelt Evans. — APPLICANT'S (DO NOT PRINT) SIGNATURE (FIRST NAME) (MIDDLE NAME) (LAST NAME)

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL OUT APPLICATION FROM, NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE.

016—5528

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist No. 330
Serial No. 22

CERTIFICATE OF DEATH

State File No.

1. NAME OF DECEASED (Type or Print)	a. (First) Theodore	b. (Middle) Roosevelt	c. (Last) Evans
2. DATE OF DEATH (Month) (Day) (Year)	Dec. 14, 1953		
3. PLACE OF DEATH a. COUNTY	Morgan		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give district)	Paw Paw	c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			
4. USUAL RESIDENCE a. STATE (Where deceased lived. If institution: residence before admission)	W. Va.	b. COUNTY	Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give district)	Paw Paw		
d. STREET ADDRESS (If rural, give location)			
5. SEX	Male	6. COLOR OR RACE	White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married	8. DATE OF BIRTH	April 26 1904
9. AGE (In years)	49	If under 1 year: Months, Days	If under 24 hrs: Hours, Min.
10. USUAL OCCUPATION	Track Foreman	10a. KIND OF BUSINESS OR INDUSTRY	Western Maryland R R
11. BIRTHPLACE (State or foreign country)	Westernport Md.	12. CITIZEN OF WHAT COUNTRY?	USA
13. FATHER'S NAME	Homer Evans	14. MOTHER'S MAIDEN NAME	Marion Densmore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	No	16. SOCIAL SECURITY No.	None
17. INFORMANT	Mrs Elva Evans		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis, Coronary	INTERVAL BETWEEN ONSET AND DEATH Minutes
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis	5 yrs.
	DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) Year) (Hour)	21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐	21f. HOW DID INJURY OCCUR? 21g. INQUEST Yes ☐ No ☐

22. I hereby certify that I ~~attended~~ saw the deceased ~~from~~ ..., 19 ..., to 12-14-1953, that I ~~last saw the deceased~~ alive on ..., 19 ..., and that death occurred at 5 A.M. from the causes and on the date stated above.

23a. SIGNATURE	J. S. Armstrong M.D. (Degree or title)	23b. ADDRESS	Paw Paw, W. Va
23c. DATE SIGNED	12-15-53		
24a. BURIAL, CREMATION, REMOVAL (Specify)	Burial	24b. DATE	Dec. 17 1953
24c. NAME OF CEMETERY OR CREMATORY	Island Hill Cemetery	24d. EMBALMERS SIGNATURE	Chas B. Spring
Lic. No.	1287		
DATE REC'D BY LOCAL REG.	12/17/53	REGISTRAR'S SIGNATURE	Betty Spitzer
25. FUNERAL DIRECTORS (Signature)	Charles B. Spring	Lic. No.	935

VS-002 (2-31-49) FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

I hereby certify that the above is a true photostatic (photographic) copy of a record filed with the Division of Vital Statistics of the State of West Virginia on

Dec. 17, 1953

Witness my hand and seal this 8th day of January 1954

Earl L. Geiger

State Registrar of Vital Statistics

By A. Faye Owen

Certification Clerk